## South Dakota Medicaid Durable Medical Equipment, Prosthetics, Orthotics and Supplies Fee Schedule

Effective July 1, 2023

Providers must bill for services at the lesser of their usual and customary charge or MSRP. Providers may be required to submit documentation supporting the billed amount is MSRP or lower. Reimbursement is the lesser of the billed amount or the amount listed below. Providers must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at: <a href="https://dss.sd.gov/docs/medicaid/modifiers.pdf">https://dss.sd.gov/docs/medicaid/modifiers.pdf</a>.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: <a href="https://dss.sd.gov/medicaid/providers/billingmanuals/">https://dss.sd.gov/medicaid/providers/billingmanuals/</a>. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual.

As established in <u>ARSD 67:16:02:03</u>, when billed by a DME provider, the rate of payment for "Price by Report" is generally 75% of the lesser of the provider's usual and customary charge for medical equipment, orthotics, and prosthetics or MSRP and 90% of the lesser of the provider's usual and customary charge for supplies or MSRP. DME providers may not bill South Dakota Medicaid at a rate higher than MSRP.

Note: One unit per month is billable for capped rental items. The item is considered purchased after 12 units have been paid by South Dakota Medicaid without a break in rental payments of three or more consecutive months. **Changes to current fees are indicated in red.** 

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A4206	Syringe With Needle, Sterile, 1 Cc Or Less, Each	\$ 0.38	Purchase	
A4207	Syringe With Needle, Sterile 2Cc, Each	\$ 0.38	Purchase	
A4208	Syringe With Needle, Sterile 3Cc, Each	\$ 0.38	Purchase	
A4209	Syringe With Needle, Sterile 5Cc Or Greater, Each	\$ 0.53	Purchase	
A4210	Needle-Free Injection Device, Each	Price By Report		
A4211	Supplies For Self-Administered Injections	Price By Report		
A4212	Non-Coring Needle	\$ 17.77	Purchase	
A4213	Syringe, Sterile, 20 Cc Or Greater, Each	\$ 8.31	Purchase	
A4215	Needle, Sterile, Any Size, Each	\$ 0.34	Purchase	
A4216	Sterile Water, Saline And/Or Dextrose, Diluent/Flush, 10 Ml		Purchase	
A4217	Sterile Water/Saline, 500 MI		Purchase	
A4218	Sterile Saline Or Water, Metered Dose Dispenser, 10 MI	\$ 0.42	Purchase	
A4220	Refill Kit For Implantable Infusion Pump	\$ 38.05	Purchase	
	Supplies For Maintenance Of Non-Insulin Drug Infusion Catheter, Per Week (List Drugs			
A4221	Separately)	\$ 25.25	Purchase	
	Infusion Supplies For External Drug Infusion Pump, Per Cassette Or Bag (List Drugs			
A4222	Separately)	\$ 50.12	Purchase	
	Infusion Supplies Not Used With External Infusion Pump, Per Cassette Or Bag (List			
A4223	Drugs Separately)	\$ 65.55	Purchase	
A4224	Supplies For Maintenance Of Insulin Infusion Catheter, Per Week	\$ 24.05	Purchase	
A4225	Supplies For External Insulin Infusion Pump, Syringe Type Cartridge, Sterile, Each	\$ 3.01	Purchase	
	Supplies For Maintenance Of Insulin Infusion Pump With Dosage Rate Adjustment Using			
A4226	Therapeutic Continuous Glucose Sensing, Per Week	Price By Report		PA Required
A4230	Infusion Set For External Insulin Pump, Non Needle Cannula Type	\$ 13.95	Purchase	·
A4231	Infusion Set For External Insulin Pump, Needle Type	Price By Report		
A4232	Syringe With Needle For External Insulin Pump, Sterile, 3cc	Price By Report		
	Replacement Battery, Alkaline (Other Than J Cell), For Use With Medically Necessary			
A4233	Home Blood Glucose Monitor Owned By Patient, Each	\$ 0.54	Purchase	
	Replacement Battery, Alkaline, J Cell, For Use With Medically Necessary Home Blood			
A4234	Glucose Monitor Owned By Patient, Each	\$ 2.23	Purchase	
	Replacement Battery, Lithium, For Use With Medically Necessary Home Blood Glucose			
A4235	Monitor Owned By Patient, Each	\$ 0.95	Purchase	
	Replacement Battery, Silver Oxide, For Use With Medically Necessary Home Blood			
A4236	Glucose Monitor Owned By Patient, Each	\$ 1.09	Purchase	
A4238	Adju cgm supply allowance	\$ 216.88	Purchase	PA Required
A4239	Non-adju cgm supply allow		Purchase	PA Required
A4244	Alcohol Or Peroxide, Per Pint	\$ 4.48	Purchase	
A4245	Alcohol Wipes, Per Box	\$ 4.75	Purchase	
A4246	Betadine Or Phisohex Solution, Per Pint	\$ 5.23	Purchase	
A4247	Betadine Or lodine Swabs/Wipes, Per Box	\$ 4.48	Purchase	
A4248	Chlorhexidine Containing Antiseptic, 1 MI	Price By Report		
A4250	Urine Test Or Reagent Strips Or Tablets (100 Tablets Or Strips)	\$ 0.82	Purchase	
A4252	Blood Ketone Test Or Reagent Strip, Each	Price By Report		
A4253	Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips	·	Purchase	1
A4255	Platforms For Home Blood Glucose Monitor, 50 Per Box	· ·	Purchase	
A4256	Normal, Low And High Calibrator Solution / Chips		Purchase	
A4257	Replacement Lens Shield Cartridge For Use With Laser Skin Piercing Device, Each		Purchase	
A4258	Spring-Powered Device For Lancet, Each	· ·	Purchase	
A4259	Lancets, Per Box Of 100	\$ 1.49	Purchase	
A4262	Temporary, Absorbable Lacrimal Duct Implant, Each	\$ 0.01	Purchase	

### Parent New Power   Secretary New Power   Parent	Cada	Description	Гоо	Durchage or Bental   Brier Auth Status
Assets in Per Pound  Assets in Six Support Attachment For User With External Broast Prosthesis. Each  Asset Provided  Asset Pr	Code	Description  Permanent Long Term, Non Disselvable Loggistal Dust Implent Each	Fee	Purchase or Rental Prior Auth Status
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A301 Subarachnoid, Perindronal, Etc.)  Subarachnoid, Perindronal, State, State, Flow Rate Of Leas Than 50 MI Peri Hour Price By Report  Subarachnoid, Perindronal, State, Stat	A4300	Peritoneal, Etc.) External Access	\$ 0.01	Purchase
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43.935         Disposable Drug Delivery System, Flow Rate Of 20 Mit Of Creater Per Hour         \$ 16.34         Purchase           43360         Disposable Drug Delivery System, Flow Rate Of Leas Than 50 M Per Hour         Proce Sy Report           4310         Insertion Tray Without Drainage Bay And Without Cartheter (Accessories Only)         \$ 8.94         Purchase           4311         Lates With Coating (Telfon, Silicone, Silicone Elisatomer Or Hydrophilic, Etc.)         17.73         Purchase           4311         Lates With Coating (Telfon, Silicone, Silicone Elisatomer Or Hydrophilic, Etc.)         17.73         Purchase           4312         Insertion Tray Without Darinage Bay With Indewling Cartheter, Foley Type, Tro-Way, All         5         19.27         Purchase           4314         Insertion Tray With Darinage Bay With Indewling Cartheter, Foley Type, Tro-Way, All         \$         19.27         Purchase           4315         Insertion Tray With Darinage Bay With Indewlelling Cartheter, Foley Type, Tro-Way, All         \$         30.49         Purchase           4316         Continuous Irrigation         \$         30.79         Purchase           4321         Irrigation Tray With Darinage Bay With Indewlelling Cartheter, Foley Type, Three-Way, For         2.79         Purchase           4322         Irrigation Tray With Darinage Bay With Indewlelling Cartheter, Foley Type, Three-Way, For         2.77	A4301		\$ 10.15	Purchase
A3306 Disposable Drug Delivery System, Flow Rate Of Less Than 50 MB Per Hour Price By Report A3410 Insertion Tray Without Drainage Bag And Without Catheter (Resource) A3410 Insertion Tray Without Drainage Bag And With Indivelling Catheter, Foley Type, Two-Way A3411 Latex With Coaling (Teflor, Silicone, Bilicone Elestomer Or Hydrophilic, Etc.)  \$ 17.73 Purchase    17.73 Purchase				
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With Coating (Teffon, Silicone)   S   29.23   Purchase	A4313		\$ 19.21	Purchase
Insertion Tray With Drainage Bag With Indivelling Catheter, Foley Type, Two-Way, All Silicone Insertion Tray With Drainage Bag With Indivelling Catheter, Foley Type, Three-Way, For Continuous Irrigation Insertion Tray With Drainage Bag With Indivelling Catheter, Foley Type, Three-Way, For Insertion Tray With Bulb Or Piston Syringe, Any Purpose \$ 6.18 Purchase Insertion Tray With Bulb Or Piston Syringe, Any Purpose \$ 6.18 Purchase Insertion Tray With Bulb Or Piston Syringe, Any Purpose \$ 6.18 Purchase Insertion Tray With Bulb Or Piston Syringe, Any Purpose \$ 6.18 Purchase Insertion Tray With Bulb Or Piston Syringe, Any Purpose \$ 6.18 Purchase Insertion Tray With Bulb Or Piston Syringe, Bulb Or Piston, Each \$ 3.53 Purchase Insertion Syringe, Bulb Or Piston, Each \$ 3.53 Purchase Insertion Syringe, Bulb Or Piston Device, Meatal Cup, Each \$ 11.28 Purchase Insertion Device, Meatal Cup, Each \$ 12.49 Purchase Insertion Device, Meatal Cup, Each \$ 12.49 Purchase Insertion Device, Meatal Cup, Each \$ 12.49 Purchase Insertion Device, Device, Each \$ 1.50 Purchase Insertion, Individual Steller Packet, Each \$ 1.13 Purchase Insertion, Individual Steller Packet, Each \$ 1.13 Purchase Insertion, Individual Steller Packet, Each \$ 1.12 Purchase Insertion, Individual Steller Packet, Each \$ 1.12 Purchase Insertion, Individual Steller Packet, Each \$ 1.12 Purchase Insertion, Individual Steller, Packet, Insertion, Insertion	1		T.	
Silicone	A4314		\$ 29.23	Purchase
Assistance of the control of the con		Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Two-Way, All		
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A3316   Continuous Irrigation   S   3.2.7   Purchase		Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Three-Way, For		
Impation Tray With Buth Or Piston Syringe, Any Purpose   \$ 6.18 Purchase	A4316		\$ 32.79	Purchase
Therapeutic Agent For Uninary Catheter Irrigation   \$ 4.82   Purchase	A4320	Irrigation Tray With Bulb Or Piston Syringe, Any Purpose	\$ 6.18	Purchase
Infigation Syringe, Bulb Or Piston, Each   \$ 3.53 Purchase			•	
Male External Catheter With Integral Collection Chamber, Any Type, Each   \$ 11.28   Purchase				
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Female External Urinary Collection Device: Pouch, Each   \$ 12.49   Purchase				
A4330 Perianal Fecal Collection Pouch With Adhesive, Each Extension Drainage Tubing, Any Type, Any Length, With Connector/Adaptor, For Use With Urinary Leg Bag Or Urostomy Pouch, Each With Urinary Leg Bag Or Urostomy Pouch, Each With Urinary Leg Bag Or Urostomy Pouch, Each With Urinary Catheter Anchoring Device, Adhesive Skin Attachment, Each \$ 0.15 Purchase  Urinary Catheter Anchoring Device, Adhesive Skin Attachment, Each   \$ 0.15 Purchase   \$ 0.09 Purchas				
Extension Drainage Tubing, Any Type, Any Length, With Connector/Adaptor, For Use 44331 With Urinary Leg Bag Or Urostomy Pouch, Each 44332 Lubricant, Individual Sterile Packet, Each 44332 Urinary Catheter Anchoring Device, Adhesive Skin Attachment, Each 44334 Urinary Catheter Anchoring Device, Leg Strap, Each 44334 Urinary Catheter Anchoring Device, Leg Strap, Each 44336 Incontinence Supply, Miscellaneous As Of 71/19 Dme Providers (Claim Type 9) Will Be Paid At 90% Of Billed Charges. All Other Claim Types Will Be Paid As Rate Indicates 8 Below 44336 Incontinence Supply, Urethral Insert, Any Type, Each 1436 Indivelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone) 8 1.13 Purchase 14380 Indivelling Catheter; Foley Type, Egc Coude, Mushroom, Wing, Etc.), Each 144340 Indivelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each 144340 Indivelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each 144341 Indivelling Catheter; Foley Type, Two-Way, All Silicone, Each 144340 Indivelling Catheter; Foley Type, Two-Way, All Silicone, Each 144340 Indivelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each 144340 Indivelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each 144340 Indivelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each 144340 Indivelling Catheter; With Or Without Adhesive, Disposable, Each 144351 Silicone Elastomerio, Or Hydrophilic, Etc.), Each 144352 Silicone Elastomerio, Or Hydrophilic, Etc.), Each 144353 Intermittent Urinary Catheter; With Or Without Adhesive To Silicone, Silicone Elastomerio, Or Hydrophilic, Etc.), Each 144354 Intermittent Urinary Catheter; Or Hydrophilic, Etc.), Each 144355 Silicone Elastomerio, Or Hydrophilic, Etc.), Each 14436 Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone) 144356 Intermittent Urinary Catheter; Or Hydrophilic, Etc.), Each 144356 Intermittent Urinary Catheter; Or Without Catheter 144357 Without Tube, Eac				
With Urinary Leg Bag Or Urostomy Pouch, Each   \$ 3.94   Purchase	A4330	· · · · · · · · · · · · · · · · · · ·	\$ 8.58	Purchase
A4332 Urinary Catheter Anchoring Device, Adhesive Skin Attachment, Each  Jinnary Catheter Anchoring Device, Leg Strap, Each  Incontinence Supply, Miscellaneous As Of 71/19 Dme Providers (Claim Type 9) Will Be Paid At 90% Of Billed Charges. All Other Claim Types Will Be Paid As Rate Indicates Below  A4336 Incontinence Supply, Urethral Insert, Any Type, Each  A4337 Individual Catheter, Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone)  Basiline Catheter, Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone)  Basiline Catheter, Foley Type, Eg. Coude, Mushroom, Wing, Etc.), Each  Individing Catheter, Foley Type, Eg. Coude, Mushroom, Wing, Etc.), Each  Individing Catheter, Foley Type, Eg. Coude, Mushroom, Wing, Etc.), Each  Individing Catheter, Foley Type, Eg. Coude, Mushroom, Wing, Etc.), Each  Accessories for patient inserted indivelling intraurethral drainage device with valve, replacement only each  Individing Catheter, Foley Type, Two-Way, All Silicone, Each  A4344 Individing Catheter, Foley Type, Two-Way, All Silicone, Each  A4345 Male External Catheter, With Or Without Adhesive, Disposable, Each  A4346 Male External Catheter, With Or Without Adhesive, Disposable, Each  A4347 Silicone, Elastomer, Or Hydrophilic, Etc.), Each  A4348 Male External Catheter, With Or Without Adhesive, Disposable, Each  A4355 Silicone, Elastomer, Or Hydrophilic, Etc.), Each  A4356 Intermittent Urinary Catheter, Or Hydrophilic, Etc.), Each  A4357 Silicone, Silicone, Elastomeric, Or Hydrophilic, Etc.), Each  A4358 Insertion Tray With Drainage Bag But Without Catheter  Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Individing Foley Catheter, Each  A4358 Insertion Tray With Drainage Bag But Without Catheter  Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Individing Foley Catheter, Each  A4358 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Or Without Tube, With Or Without Tube, Each  A4368 Search Cropplate, Each  A4369 Searc		Extension Drainage Tubing, Any Type, Any Length, With Connector/Adaptor, For Use		
Urinary Catheter Anchoring Device, Adhesive Skin Attachment, Each   \$ 2.73   Purchase	A4331	With Urinary Leg Bag Or Urostomy Pouch, Each	\$ 3.94	Purchase
A4334 Urinary Catheter Anchoring Device, Leg Strap, Each Incontinence Supply, Miscellaneous As Of 771/19 Dme Providers (Claim Type 9) Will Be Paid At 99% Of Billed Charges. All Other Claim Types Will Be Paid As Rate Indicates Below 4336 Incontinence Supply, Urethral Insert, Any Type, Each \$ 1.72 Purchase Indeeding Catheter, Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each \$ 1.72 Purchase Indeeding Catheter; Specialty Type, Egy Coude, Mushroom, Wing, Etc.), Each \$ 36.71 Purchase Indeeding Catheter; Specialty Type, Egy Coude, Mushroom, Wing, Etc.), Each \$ 36.71 Purchase Indeeding Catheter; Specialty Type, Egy Coude, Mushroom, Wing, Etc.), Each \$ 36.71 Purchase Indeeding Catheter; Specialty Type, Egy Coude, Mushroom, Wing, Etc.), Each \$ 36.71 Purchase Indeeding Catheter; Specialty Type, Egy Coude, Mushroom, Wing, Etc.), Each \$ 36.71 Purchase Indeeding Catheter; Foley Type, Three Way For Continuous Irrigation, Each \$ 17.73 Purchase Indeeding Catheter; Foley Type, Three Way For Continuous Irrigation, Each \$ 17.73 Purchase Intermittent Urinary Catheter; Oxing Type, Three Way For Continuous Irrigation, Each \$ 2.58 Intermittent Urinary Catheter; Catheter, Code (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone, Silicone, Silicone, Silicone, Elastomer, Or Hydrophilic, Etc.), Each \$ 1.79 Purchase Intermittent Urinary Catheter, With Insertion Supplies \$ 8.65 Purchase Intermittent Urinary Catheter, With Insertion Supplies \$ 8.65 Purchase Intermittent Urinary Catheter, With Insertion Supplies \$ 9.07 Purchase Intermittent Urinary Catheter, With Insertion Supplies \$ 8.05 Purchase Intermittent Urinary Catheter, With Insertion Supplies \$ 9.07 Purchase Intermittent Urinary Catheter, With Insertion Supplies \$ 8.05 Purchase Intermittent Urinary Catheter, With Insertion Supplies \$ 9.07 Purchase Intermittent Urinary Catheter, With Insertion Supplies \$ 9.07 Purchase Intermittent Urinary Catheter, With Orthophilic, Etc.), Each \$ 9.07 Purchase Intermittent Urinary	A4332	Lubricant, Individual Sterile Packet, Each	\$ 0.15	Purchase
Incontinence Supply, Miscellaneous As Of 7/1/19 Dme Providers (Claim Type 9) Will Be Paid At 90% Of Billed Charges. All Other Claim Types Will Be Paid As Rate Indicates   Below	A4333	Urinary Catheter Anchoring Device, Adhesive Skin Attachment, Each	\$ 2.73	Purchase
Paid At 90% Of Billed Charges. All Other Claim Types Will Be Paid As Rate Indicates Below \$ 1.13 Purchase    Ad335   Incontinence Supply, Urethral Insert, Any Type, Each   \$ 1.72 Purchase	A4334	Urinary Catheter Anchoring Device, Leg Strap, Each	\$ 6.09	Purchase
Paid At 90% Of Billed Charges. All Other Claim Types Will Be Paid As Rate Indicates Below \$ 1.13 Purchase    Ad335   Incontinence Supply, Urethral Insert, Any Type, Each   \$ 1.72 Purchase		Incontinence Supply; Miscellaneous As Of 7/1/19 Dme Providers (Claim Type 9) Will Be		
Ma335   Below   \$ 1.13   Purchase		, , ,		
A4336 Incontinence Supply, Urethral Insert, Any Type, Each Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone) Elastomer, Or Hydrophilic, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Price By Report  A4341 Indwelling Catheter; Foley Type, Two-Way, All Silicone, Each Price By Report Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Special Indwelling Catheter; Foley Type, Two-Way, All Silicone, Each Special Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each Special Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each Special Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each Special Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each Special Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each Special Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each Special Indemittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each Special Intermittent Urinary Catheter, Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone, Elastomeric, Or Hydrophilic, Etc.), Each Special Insertion Tray With Drainage Bag But Without Catheter Special Insertion Tray With Drainage Bag But Without Catheter Special Insertion Tray With Drainage Bag But Without Catheter Special Insertion Tray With Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each Special Each	A4335		\$ 1.13	Purchase
Indwelling Catheter, Foley Type, Two-Way Latex With Coating (Teffon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each A4330 Indwelling Catheter, Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each A4341 Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each A4341 Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only each A4342 Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each A4344 Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each A4346 Indwelling Catheter, Foley Type, Three Way For Continuous Irrigation, Each A4349 Male External Catheter, With Or Without Adhesive, Disposable, Each A4349 Silicone Elastomer, Or Hydrophilic, Etc.), Each Intermittent Urinary Catheter; Straight Tip, With Or Without Coating (Teffon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teffon, Silicone, Silicone, Elastomer, Or Hydrophilic, Etc.), Each Intermittent Urinary Catheter, With Insertion Supplies A4352 Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each Intermittent Urinary Catheter, With Insertion Supplies A4353 Intermittent Urinary Catheter, With Insertion Supplies A4354 Insertion Tray With Drainage Bag But Without Catheter Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each A4357 Without Tube, Each  A4358 Urinary Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each  A4361 Ostomy Faceplate, Each  A4362 Skin Barrier; Solid, 4 X Y Or Equivalent; Each A4363 Ostomy Faceplate, Each  A4364 Ostomy Faceplate, Each  A4366 Ostomy Vent, Any Type, Each A4367 Purchase  A4368 Ostomy Vent, Any Type, Each				
Elastomer, Or Hydrophilic, Etc.), Each  Ad340 Indwelling Catheter, Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each  Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each  Accessories for patient inserted indwelling intraurethral drainage device with valve, price By Report  Ad341 Price By Report  Ad342 Peplacement only each  Ad343 Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each  Ad344 Indwelling Catheter, Foley Type, Three Way For Continuous Irrigation, Each  Ad346 Indwelling Catheter, Foley Type, Three Way For Continuous Irrigation, Each  Ad349 Male External Catheter, With Or Without Adhesive, Disposable, Each  Intermittent Urinary Catheter, Straight Tip, With Or ithout Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each  Intermittent Urinary Catheter, Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each  Intermittent Urinary Catheter, With Insertion Supplies  Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each  Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each  External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each  Ad357 Without Tube, Each  Ad4358 Urinary Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each  Ad4358 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each  Ad4360 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each  Ad4361 Ostomy Faceplate, Each  Ad4362 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each  Ad4364 Ostomy Vent, Any Type, Each  Ad4366 Ostomy Vent, Any Type, Each  Ad4366 Ostomy Vent, Any Type, Each	711000	11 3:	· =	
Add indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only each Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only each Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each \$ 17.73 Purchase Add Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each \$ 23.44 Purchase Intermittent Urinary Catheter; With Or Without Adhesive, Disposable, Each \$ 2.58 Purchase Intermittent Urinary Catheter; Straight Tip, With Or thout Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each \$ 1.79 Purchase Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silico	Δ4338		\$ 14.19	Purchase
Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only each Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only each Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only each Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only each Accessories for patient inserted indwelling catheter, Foley Type, Two-Way, All Silicone, Each Accessories for patient inserted indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Accessories for patient inserted indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Accessories for patient inserted indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Accessories for patient inserted indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Accessories for patient inserted indwelling Type Type, Two-Way, All Silicone, Each Accessories for patient inserted indwelling Type, Type, Two-Way, All Silicone, Each Accessories for patient inserted indwelling Type, Type Byper Type, Two-Way, All Silicone, Each Accessories for patient inserted indwelling Type, Type, Type Byper Type, Type, Each Accessories for patient inserted Industry, Price Byper Type, Type Byper Type, Type Byper Type, Type, Each Accessories for patient inserted Industry, Price Byper Type, Type Byper Type, Type Byper Type, Type, Each Accessories for patient inserted Industry, Price Byper Type, Type, Each Accessories Type, Ty				l l
Ad341 each Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only each Ad342 replacement only each Ad344 Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Ad344 Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each Ad346 Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each Ad349 Male External Catheter, With Or Without Adhesive, Disposable, Each Intermittent Urinary Catheter; Straight Tip, With Or Ithout Coating (Teffon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teffon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each Ad353 Intermittent Urinary Catheter, With Insertion Supplies Ad354 Insertion Tray With Drainage Bag But Without Catheter Ad355 Intermittent Urinary Catheter, With Insertion Supplies Ad356 Insertion Tray With Drainage Bag But Without Catheter Ad357 Without Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each Ad358 Urinary Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each Ad359 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each Ad350 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each Ad360 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each Ad361 Ostomy Faceplate, Each Ad362 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each Ad364 Paste, Any Composition (E.G. Silicone, Latex, Etc); Per Oz. Ad365 Ostomy Vent, Any Type, Each Ad366 Ostomy Vent, Any Type, Each	A4340		Ф 30.71	Fulcilase
Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only each Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each \$17.73 Purchase Indwelling Catheter, Foley Type, Three Way For Continuous Irrigation, Each \$23.44 Purchase Indwelling Catheter, With Or Without Adhesive, Disposable, Each \$2.58 Purchase Intermittent Urinary Catheter; Straight Tip, With Or ithout Coating (Teffon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teffon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each \$1.79 Purchase Intermittent Urinary Catheter; With Insertion Supplies \$8.65 Purchase Intermittent Urinary Catheter, With Insertion Supplies \$8.65 Purchase Insertion Tray With Drainage Bag But Without Catheter \$13.37 Purchase Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each \$9.07 Purchase External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each Without Tube, Each \$52.75 Purchase Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each \$11.22 Purchase Insertion Tu	A 40 44		Daire De Dement	
Ad342 replacement only each Ad344 Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Ad346 Indwelling Catheter, Foley Type, Three Way For Continuous Irrigation, Each Ad346 Indwelling Catheter, With Or Without Adhesive, Disposable, Each Ad349 Male External Catheter, With Or Without Adhesive, Disposable, Each  Ad349 Intermittent Urinary Catheter; Straight Tip, With Or ithout Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each Ad352 Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each Ad353 Intermittent Urinary Catheter, With Insertion Supplies Sa.65 Purchase Ad354 Insertion Tray With Drainage Bag But Without Catheter Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each Sach External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each Sach Without Tube, Each Sach Sach Sach Sach Sach Sach Sach S	A4341		Frice By Report	
Ad344 Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Ad346 Indwelling Catheter, Foley Type, Three Way For Continuous Irrigation, Each Ad349 Male External Catheter, With Or Without Adhesive, Disposable, Each Intermittent Urinary Catheter; Straight Tip, With Or ithout Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone, Silicone, Silicone, Correct Coude, Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone, Silicone, Correct Coude, Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone, Silicone, Correct Coude, Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone, Silicone, Correct Coude, Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone, Silicone, Correct Coude, Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone, Silicone, Silicone, Latex, Etc.), Cement, Powder Or Purchase  4.4355 Intermittent Urinary Catheter, With Insertion Supplies Silicone, Silicone, Silicone, Latex, Etc.), Cement, Powder Or Purchase  4.4356 Intermittent Urinary Catheter, Silicone, Latex, Etc.), Cement, Powder Or Paste, Any Composition (E.G. Silicone, Latex, Etc.); Per Oz. Silicone,		1	D: 5 5	
Ad346 Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each  Ad349 Male External Catheter, With Or Without Adhesive, Disposable, Each  Ad349 Male External Catheter, With Or Without Coating (Teflon, Silicone, Intermittent Urinary Catheter; Straight Tip, With Or ithout Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each  Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each  Ad351 Intermittent Urinary Catheter, With Insertion Supplies  Ad353 Intermittent Urinary Catheter, With Insertion Supplies  Ad354 Insertion Tray With Drainage Bag But Without Catheter  Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each  External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Solution Tubing Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each  Ad355 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each  Ad361 Ostomy Faceplate, Each  Solotomy Faceplate, Each  Ad4362 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each  Ad4364 Ostomy Vent, Any Type, Each  Ad4366 Ostomy Vent, Any Type, Each  Ad4366 Ostomy Vent, Any Type, Each		•		
Male External Catheter, With Or Without Adhesive, Disposable, Each Intermittent Urinary Catheter; Straight Tip, With Or ithout Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone,	A4344			
Intermittent Urinary Catheter; Straight Tip, With Or ithout Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each  A4351 Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone, Elastomeric, Or Hydrophilic, Etc.), Each  A4352 Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each  A4353 Intermittent Urinary Catheter, With Insertion Supplies  A4354 Insertion Tray With Drainage Bag But Without Catheter  Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each  External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each  Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each  A4355 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each  A4360 Ostomy Faceplate, Each  A4361 Ostomy Faceplate, Each  A4364 Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz.  A4366 Ostomy Vent, Any Type, Each	A4346			
A4351 Silicone Elastomer, Or Hydrophilic, Etc.), Each Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each  A4352 Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each  A4353 Intermittent Urinary Catheter, With Insertion Supplies A4354 Insertion Tray With Drainage Bag But Without Catheter Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each  Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each  A4358 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each A4361 Ostomy Faceplate, Each Ada62 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each Ada64 Ostomy For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition (E.G. Silicone, Latex, Etc.); Per Oz.  A4366 Ostomy Vent, Any Type, Each  Silicone, Latex, Etc.); Per Oz.  Silicone, Latex, Etc.) Swith Or Without Coating (Teflon, Sach School Sch	A4349	Male External Catheter, With Or Without Adhesive, Disposable, Each	\$ 2.58	Purchase
A4351 Silicone Elastomer, Or Hydrophilic, Etc.), Each Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each  A4352 Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each  A4353 Intermittent Urinary Catheter, With Insertion Supplies A4354 Insertion Tray With Drainage Bag But Without Catheter Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each  Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each  A4358 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each A4361 Ostomy Faceplate, Each Added Ostomy Faceplate, Each Added Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition (E.G. Silicone, Latex, Etc.); Per Oz.  A4366 Ostomy Vent, Any Type, Each  Silicone Elastomeric, Or Hydrophilic, Etc.), Each Silicone, Latex, Etc.); Per Oz.  Silicone, Latex Silicone, Latex, Etc.); Per Oz.  Silicone, Silicone, Latex, Etc.); Per Oz.  Silicone, Latex Silicone, Latex, Etc.); Per Oz.  Silicone, Silicone, Latex, Etc.); Per Oz.  Silicone, Latex, Silicone, Latex, Etc.); Per Oz.  Silicone, Latex, Etc.); Per Oz.  Silicone, Latex, Silicone, Latex, Etc.); Per Oz.		Intermittent Urinary Catheter; Straight Tip, With Or ithout Coating (Teflon, Silicone,		
Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each  A4353 Intermittent Urinary Catheter, With Insertion Supplies  A4354 Insertion Tray With Drainage Bag But Without Catheter  Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each  External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each  Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each  A4355 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each  A4356 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each  A4361 Ostomy For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or A4366 Ostomy Vent, Any Type, Each  Intermittent Urinary Without Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or A4366 Ostomy Vent, Any Type, Each  Sach  Silicone, Silicone, Latex, Etc.); Per Oz.  Silicone, Sach Sach Sach Sach Sach Sach Sach Sach	A4351		\$ 1.79	Purchase
A4352 Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each  A4353 Intermittent Urinary Catheter, With Insertion Supplies  A4354 Insertion Tray With Drainage Bag But Without Catheter  Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each  External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each  Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each  A4355 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each  A4361 Ostomy Faceplate, Each  A4362 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each  A4363 Ostomy Vent, Any Type, Each  A4364 Ostomy Vent, Any Type, Each  A4366 Ostomy Vent, Any Type, Each  A4366 Ostomy Vent, Any Type, Each			-	
A4353 Intermittent Urinary Catheter, With Insertion Supplies  A4354 Insertion Tray With Drainage Bag But Without Catheter  Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each  External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each  Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each  A4355 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each  A4356 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each  Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz.  A4366 Ostomy Vent, Any Type, Each  Purchase  \$ 8.65 Purchase  \$ 9.07 Purchase  \$ 52.75 Purchase  \$ 11.22 Purchase  \$ 11.22 Purchase  \$ 6.51 Purchase  \$ 4.02 Purchase  \$ 4.02 Purchase  \$ 4.02 Purchase  \$ 4.02 Purchase  \$ 4.0361 Purchase  \$ 4.05 Purchase  \$ 4.05 Purchase  \$ 4.06 Purchase  \$ 4.07 Purchase  \$ 4.08 Purchase  \$ 4.09 Purchase  \$ 4.09 Purchase  \$ 4.00 Purcha	A4352		\$ 6.31	Purchase
A4354 Insertion Tray With Drainage Bag But Without Catheter Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each  A4358 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each A4358 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each A4361 Ostomy Faceplate, Each A4362 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz.  A4366 Ostomy Vent, Any Type, Each  S 13.37 Purchase  9.07 Purchase  11.22 Purchase  6.51 Purchase  18.68 Purchase  4.02 Purchase  4.02 Purchase  9.03 Purchase  18.68 Purchase  18.68 Purchase  18.68 Purchase  18.68 Purchase				
Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each  External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each  Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each  A4358  Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each  Stin Barrier; Solid, 4 X 4 Or Equivalent; Each  Addesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz.  Stin Barrier; Solid, 4 X 17 Type, Each  Stin Barrier; Solid, 4 X 17 Type, Each  Stin Stin Stin Stin Stin Stin Stin Stin		•		l l
A4355 Foley Catheter, Each \$ 9.07 Purchase  External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each \$ 52.75 Purchase  Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each \$ 11.22 Purchase  A4357 Without Tube, Each \$ 6.51 Purchase  Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each \$ 6.51 Purchase  A4361 Ostomy Faceplate, Each \$ 18.68 Purchase  A4362 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each \$ 4.02 Purchase  Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz. \$ 2.89 Purchase  A4366 Ostomy Vent, Any Type, Each \$ 1.55 Purchase	, 17004		Ψ 10.07	i diolido
External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp),  Each  Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or  Without Tube, Each  Secondary Purchase  A4358  Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each  Secondary Faceplate, Each  Secondary Faceplate, Each  A4361  Skin Barrier; Solid, 4 X 4 Or Equivalent; Each  Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or  Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz.  Secondary For Catheter Clamp),  \$52.75  Purchase  \$11.22  Purchase  \$4.05  \$18.68  Purchase  \$4.02  Purchase  \$4.02  Purchase  \$4.02  Purchase  \$4.03  Purchase  \$4.03  Purchase  \$4.04  Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz.  \$4.04  Purchase  \$4.05  Purchase  \$4.06  Purchase  \$4.07  Purchase  \$4.08  Purchase  \$4.09  Purchase  \$4.09  Purchase	A 42EE		¢ 0.07	Purchasa
A4356 Each \$52.75 Purchase  Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each \$11.22 Purchase  A4357 Without Tube, Each \$11.22 Purchase  A4358 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each \$6.51 Purchase  A4361 Ostomy Faceplate, Each \$18.68 Purchase  A4362 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each \$4.02 Purchase  Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz. \$2.89 Purchase  A4366 Ostomy Vent, Any Type, Each \$1.55 Purchase	A4333		φ 9.07	r uronase
Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each  A4357 Without Tube, Each  A4358 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each \$ 6.51 Purchase  A4361 Ostomy Faceplate, Each \$ 18.68 Purchase  A4362 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each \$ 4.02 Purchase  A468ive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz. \$ 2.89 Purchase  A4366 Ostomy Vent, Any Type, Each \$ 1.55 Purchase	A 4050	, , , , , , , , , , , , , , , , , , , ,	¢ 50.75	Durchage
A4357 Without Tube, Each \$ 11.22 Purchase  A4358 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each \$ 6.51 Purchase  A4361 Ostomy Faceplate, Each \$ 18.68 Purchase  A4362 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each \$ 4.02 Purchase  Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or  A4364 Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz. \$ 2.89 Purchase  A4366 Ostomy Vent, Any Type, Each \$ 1.55 Purchase	M4330		φ 52./5	ruichase
A4358 Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each \$ 6.51 Purchase  A4361 Ostomy Faceplate, Each \$ 18.68 Purchase  A4362 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each \$ 4.02 Purchase  Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or  A4364 Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz. \$ 2.89 Purchase  A4366 Ostomy Vent, Any Type, Each \$ 1.55 Purchase	A 405-		ф	Dh
A4361 Ostomy Faceplate, Each  A4362 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each  Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or  A4364 Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz.  A4366 Ostomy Vent, Any Type, Each  \$ 18.68 Purchase  \$ 4.02 Purchase  \$ 2.89 Purchase	A4357	vvitnout Tube, Each	<b>\$</b> 11.22	Purchase
A4361 Ostomy Faceplate, Each  A4362 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each  Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or  A4364 Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz.  A4366 Ostomy Vent, Any Type, Each  \$ 18.68 Purchase  \$ 4.02 Purchase  \$ 2.89 Purchase	I		<u> </u>	
A4362 Skin Barrier; Solid, 4 X 4 Or Equivalent; Each  Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz.  A4366 Ostomy Vent, Any Type, Each  \$ 4.02 Purchase  \$ 2.89 Purchase	A4358			l l
Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc.); Per Oz.  Substitute of the Composition (E.G. Silic	A4361	Ostomy Faceplate, Each	\$ 18.68	Purchase
Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.  Substitute of the Composition (E.G. Silicone, Latex, Etc); Per Oz.	A4362	Skin Barrier; Solid, 4 X 4 Or Equivalent; Each	\$ 4.02	Purchase
A4364 Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz. \$ 2.89 Purchase  A4366 Ostomy Vent, Any Type, Each \$ 1.55 Purchase				
A4366 Ostomy Vent, Any Type, Each \$ 1.55 Purchase	A4364		\$ 2.89	Purchase
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Code	Description Contain Filter April Trans Foot	Fee	0.00	Purchase or Rental	Prior Auth Status
A4368	Ostomy Filter, Any Type, Each	\$		Purchase	
A4369	Ostomy Skin Barrier, Liquid (Spray, Brush, Etc), Per Oz	\$		Purchase	
A4371	Ostomy Skin Barrier, Powder, Per Oz	\$	4.46	Purchase	
	Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Standard Wear, With Built-In Convexity,				
A4372	Each	\$	5.02	Purchase	
	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordian), With Built-In Convexity,				
A4373	Any Size, Each	\$		Purchase	
A4375	Ostomy Pouch, Drainable, With Faceplate Attached, Plastic, Each	\$		Purchase	
A4376	Ostomy Pouch, Drainable, With Faceplate Attached, Rubber, Each	\$		Purchase	
A4377	Ostomy Pouch, Drainable, For Use On Faceplate, Plastic, Each	\$		Purchase	
A4378	Ostomy Pouch, Drainable, For Use On Faceplate, Rubber, Each	\$	36.80	Purchase	
A4379	Ostomy Pouch, Urinary, With Faceplate Attached, Plastic, Each	\$	17.97	Purchase	
A4380	Ostomy Pouch, Urinary, With Faceplate Attached, Rubber, Each	\$	44.69	Purchase	
A4381	Ostomy Pouch, Urinary, For Use On Faceplate, Plastic, Each	\$	5.54	Purchase	
A4382	Ostomy Pouch, Urinary, For Use On Faceplate, Heavy Plastic, Each	\$	29.47	Purchase	
A4383	Ostomy Pouch, Urinary, For Use On Faceplate, Rubber, Each	\$	33.74	Purchase	
A4384	Ostomy Faceplate Equivalent, Silicone Ring, Each	\$	11.50	Purchase	
	Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Extended Wear, Without Built-In				
A4385	Convexity, Each	\$	6.30	Purchase	
A4387	Ostomy Pouch, Closed, With Barrier Attached, With Built-In Convexity (1 Piece), Each	\$	2.69	Purchase	
A4388	Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, (1 Piece), Each	\$	5.40	Purchase	
A4389	Ostomy Pouch, Drainable, With Barrier Attached, With Built-In Convexity (1 Piece), Each	\$	7.68	Purchase	
	Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, With Built-In Convexity				
A4390	(1 Piece), Each	\$	11.87	Purchase	
A4391	Ostomy Pouch, Urinary, With Extended Wear Barrier Attached (1 Piece), Each	\$		Purchase	
	Ostomy Pouch, Urinary, With Standard Wear Barrier Attached, With Built-In Convexity (1	7			
A4392	Piece), Each	\$	9.78	Purchase	
711002	Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Built-In Convexity (1	<b>—</b>	00	1 41011400	
A4393	Piece), Each	\$	10.82	Purchase	
711000	Ostomy Deodorant, With Or Without Lubricant, For Use In Ostomy Pouch, Per Fluid	<u> </u>	.0.02	1 41011400	
A4394	Ounce	\$	3 20	Purchase	
A4395	Ostomy Deodorant For Use In Ostomy Pouch, Solid, Per Tablet	\$		Purchase	
A4396	Ostomy Belt With Peristomal Hernia Support	\$		Purchase	
A4398	Ostomy Irrigation Supply; Bag, Each	\$		Purchase	
A4399	Ostomy Irrigation Supply; Cone/Catheter, With Or Without Brush	\$		Purchase	
	7 0 117				
A4400	Ostomy Irrigation Set	\$		Purchase	
A4402	Lubricant	\$		Purchase	
A4404	Ostomy Rings	\$		Purchase	
A4405	Ostomy Skin Barrier, Non-Pectin Based, Paste, Per Ounce	\$		Purchase	
A4406	Ostomy Skin Barrier, Pectin-Based, Paste, Per Ounce	\$	7.15	Purchase	
	Ostomy Skin Barrier, With Flange (Solid, Flexible, Or Accordion), Extended Wear, With		40.00		
A4407	Built-In Convexity, 4 X 4 Inches Or Smaller, Each	\$	10.86	Purchase	
	Ostomy Skin Barrier, Wtih Flange (Solid, Flexible Or Accordion), Extended Wear, With				
A4408	Built-In Convexity, Larger Than 4 X 4 Inches, Each	\$	12.19	Purchase	
	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Extended Wear,				
A4409	Without Built-In Convexity, 4 X 4 Inches Or Smaller, Each	\$	7.68	Purchase	
	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Extended Wear,				
A4410	Without Built-In Convexity, Larger Than 4 X 4 Inches, Each	\$	10.82	Purchase	
	Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Extended Wear, With Built-In Convexity,			L.	
A4411	Each	\$	6.30	Purchase	
	Ostomy Pouch, Drainable, High Output, For Use On A Barrier With Flange (2 Piece	l			
A4412	System), Without Filter, Each	\$	3.24	Purchase	
	Ostomy Pouch, Drainable, High Output, For Use On A Barrier With Flange (2 Piece	l			
A4413	System), With Filter, Each	\$	6.80	Purchase	
	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In				
A4414	Convexity, 4 X 4 Inches Or Smaller, Each	\$	6.09	Purchase	
	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In				
A4415	Convexity, Larger Than 4X4 Inches, Each	\$	7.42	Purchase	
A4416	Ostomy Pouch, Closed, With Barrier Attached, With Filter (1 Piece), Each	\$	3.29	Purchase	
	Ostomy Pouch, Closed, With Barrier Attached, With Built-In Convexity, With Filter (1				
A4417	Piece), Each	\$	4.46	Purchase	
A4418	Ostomy Pouch, Closed; Without Barrier Attached, With Filter (1 Piece), Each	\$	2.17	Purchase	
	Ostomy Pouch, Closed; For Use On Barrier With Non-Locking Flange, With Filter (2				
A4419	Piece), Each	\$	2.16	Purchase	
A4420	Ostomy Pouch, Closed; For Use On Barrier With Locking Flange (2 Piece), Each	Price	By Report		
	Ostomy Absorbent Material (Sheet/Pad/Crystal Packet) For Use In Ostomy Pouch To		•		
A4422	Thicken Liquid Stomal Output, Each	\$	0.14	Purchase	
	Ostomy Pouch, Closed; For Use On Barrier With Locking Flange, With Filter (2 Piece),				
A4423	Each	\$	2.22	Purchase	
A4424	Ostomy Pouch, Drainable, With Barrier Attached, With Filter (1 Piece), Each	\$		Purchase	
<u> </u>	Ostomy Pouch, Drainable; For Use On Barrier With Non-Locking Flange, With Filter (2	Ė			
A4425	Piece System), Each	\$	4 43	Purchase	
		ΙΨ	1.10		<u> </u>

Ostomy Pouch, Drainable; For Use On Barrier With Locking Flange (2 Piece System), A4426 Each Ostomy Pouch, Drainable; For Use On Barrier With Locking Flange, With Filter (2 Piece System), Each Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Faucet-Type Tap With Valve (1 Piece), Each Ostomy Pouch, Urinary, With Barrier Attached, With Built-In Convexity, With Faucet-Type Tap With Valve (1 Piece), Each Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Built-In Convexity, With Faucet-Type Tap With Valve (1 Piece), Each Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Built-In Convexity, With Faucet-Type Tap With Valve (1 Piece), Each Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Paucet-Type Tap With Valve (1 Piece), Each Ostomy Pouch, Urinary, For Use On Barrier With Non-Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each Ostomy Pouch, Urinary, For Use On Barrier With Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each Ostomy Pouch, Urinary, For Use On Barrier With Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each Ostomy Pouch, Urinary, For Use On Barrier With Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each Ostomy Pouch, Urinary, For Use On Barrier With Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each Ostomy Pouch, Urinary, For Use On Barrier With Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each Ostomy Pouch, Urinary, For Use On Barrier With Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each Ostomy Pouch, Urinary, For Use On Barrier With Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each Ostomy Pouch, Urinary, For Use On Barrier With Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each System), With Or Without Filter, Each System), With Or Without Filter, Each Solation Supply; Sleeve, Reusable, Per Month Solation Supply; Sleeve, Reusable, Per Month Solation Supply; Sleeve, Reusable, Per Month Solation Supply; Sleeve, Reusable, Per	r <u> </u>	E			
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Address					
Add	A4426		\$ 3.38	Purchase	
Acada Discomy Pouch, Unionary, Will Extended Weer Barrier Atlanched, With Fauncethype 1 pg Schory Pouch, Unionary, Will Barrier Atlanched, With Bull-In Convexity, Will Fauncethype 1 pg Schory Pouch, Unionary, Will Barrier Atlanched, Will Bull-In Convexity, Will Fauncethype 1 pg Schory Pouch, Unionary, Will Barrier Atlanched, Will Bull-In Convexity, Will Fauncethype 1 pg Schory Pouch, Will Fauncethype 1 pg Schory Will Fauncethype 1 pg Schory Pouch, Unionary, Will Barrier Atlanched, Will Bull-In Convexity, Will Fauncethype 1 pg Schory		Ostomy Pouch, Drainable; For Use On Barrier With Locking Flange, With Filter (2 Piece			
With Valve (1 Pecc), Each	A4427	System), Each	\$ 3.44	Purchase	
Adday Department of the Common		Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Faucet-Type Tap			
Adday Department of the Common	A4428	With Valve (1 Piece), Each	\$ 8.05	Purchase	
A4430 Villy Falser (1 Pices), Each  A4450 (With Fauset Fyer Tail With Valve (1 Pices), Each  A4450 (With Fauset Fyer Tail With Valve (1 Pices), Each  Costomy Poort, Unionary, Will Barrier Attached, With Fauset-Type Tay With Valve (1  A4450 (With Fauset Fyer Tail With Valve (1 Pices), Each  A4450 (Joseph Poort, Unionary, Will Barrier Attached, With Fauset-Type Tay  A4451 (Tay With Valve (2 Pices), Each  A4452 (Tay With Valve (2 Pices), Each  A4452 (Tay With Valve (2 Pices), Each  A4454 (With Valve (2 Pices), Each  A4455 (System), With Co Without Filter, Each  A4455 (System), With Co Without Filter, Each  A4455 (Taye, Without, Pices), Care of Without Filter, Each  A4456 (System), With Co Without Filter, Each  A4457 (Figure State), Care of Without Filter, Each  A4458 (Figure Without, Pices), Care of Without Filter, Each  A4459 (Figure Without, Pices), Care of Without Filter, Each  A4450 (Figure Without, Pices), Care of Without, With Co Without Filter, Each  A4450 (Figure Without, Pices), Care of Without, With Co Without Filter, Each  A4450 (Figure Without, Pices), Care of Without, With Co Without Filter, Each  A4451 (Figure Without, Pices), Care of Without, Withou		, ,			
Adday Owith Flourich Fyer Tay With Variet (1 Pece), Each Osterny Pouch, Urinary, With Estanded West Paces - Type Tay With Valve (1 Pece), Each Osterny Pouch, Urinary, With Barrier Attached, With Faucet-Type Tay With Valve (1 Pece), Each Osterny Pouch, Urinary, With Barrier Attached, With Faucet-Type Tay With Valve (2 Pece), Each Osterny Pouch, Urinary, For Use On Barrier With Locking Flining (2 Pines), Each S. 4.4 Purchase Color of	Δ4429		\$ 9.87	Purchase	
With Fauscet-Type Tap With Valve († 19co), Each   South Charles   South Char	711120		ψ 0.07	i dionado	
Ostorry Pouch, Urrany, With Barrier Attached, With Faucet Type Tap With Valve (1 S. 7.68 Purchase Ostorry Pouch, Urrany, For Use On Barrier With Non-Locking Flange, With Faucet-Type S. 4.44 Purchase P. 3 Catorry Pouch, Urrany, For Use On Barrier With Non-Locking Flange, With Faucet-Type S. 4.44 Purchase P. 3 Catorry Pouch, Urrany, For Use On Barrier With Locking Flange, With Faucet-Type Tap With Valve (2 Plece), Each S. 4.45 Purchase P. 3 Catorry Pouch, Urrany, For Use On Barrier With Locking Flange, With Faucet-Type Tap Durchase P. 3 Catorry Pouch, Drainable, High Cupput, With Earnded Wear Barrier (One-Piece S. 7.15 Purchase P. 3 Catorry Pouch, Drainable, High Cupput, With Earnded Wear Barrier (One-Piece S. 7.15 Purchase P. 3 Catorry Pouch, Drainable, High Cupput, With Earnded Wear Barrier (One-Piece S. 7.15 Purchase P. 3 Catorry Pouch, Drainable, High Cupput, With Earnded Wear Barrier (One-Piece S. 7.15 Purchase P. 4.443 Purchase P. 4.443 Purchase P. 4.444 Purchase P. 4.445 Purchase P.	V4430		¢ 10.52	Durchago	
Piccop   Each   Search   Piccop   Each   Search   Piccop   Search   Search   Piccop   Search   Searc	A4430		φ 10.52	ruiciiase	
Add 2 Tap With Valve (2 Piece). Use On Barrier With Non-Locking Flange, With Fausent-Type \$ 4.44 Purchase \$ 4.31 Purchase \$ 3.43 Purchase \$ 3.44 Purchase \$ 3.					
A4433 Ostory Pouch, Uriany, For Use On Barrier With Locking Flange (2 Piece), Each Ostory Pouch, Uriany, For Use On Barrier With Locking Flange, With Faucet-Type Tap A4434 (With Valve (2 Piece), Each Ostory Pouch, Uriany, For Use On Barrier With Locking Flange, With Faucet-Type Tap A4434 (With Valve (2 Piece), Each A4435 (With Valve (2 Piece), Each A4436 (With Valve (2 Piece), Each A4437 (With Valve (2 Piece), Each A4437 (With Valve (2 Piece), Each A4438 (With Valve (2 Piece), Each A4439 (With Valve (2 Piece)), Each A4430 (With Valve (2 P	A4431		\$ 7.68	Purchase	
Add33 Ostorny Fouch, Uranay For Use On Barrier With Locking Panage (2 Prece), Each Ostorny Fouch, Uranay For Use On Barrier With Locking Panage (1 Prece) Each (2 No. 4, 1972) (1974) (1					
Aud With Valve & Piece), Early Country For Use On Barrier With Locking Flange, With Faucet-Type Top    Add With Valve & Piece), Early Country With Country With Extended Wear Barrier (One-Piece    System), With Or Without Piece, Early Country With Count	A4432	Tap With Valve (2 Piece), Each	\$ 4.44	Purchase	
Add	A4433	Ostomy Pouch, Urinary; For Use On Barrier With Locking Flange (2 Piece), Each	\$ 4.01	Purchase	
Add		Ostomy Pouch, Urinary; For Use On Barrier With Locking Flange, With Faucet-Type Tap			
Add S System, With Or Without Piler, Each   S	A4434		\$ 4.50	Purchase	
A4436         System), With Or Without Filter, Each         \$ 7.15   Purchase           A4437         Irrigation Supply, Sleeve, Bussable, Per Month         \$ 6.85   Purchase           A4450         Irrigation Supply, Sleeve, Busposable, Per Month         \$ 6.85   Purchase           A4450         Irrigation Supply, Sleeve, Disposable, Per Month         \$ 6.85   Purchase           A4450         Inch. Ann. With Techniques         \$ 0.042   Purchase           A4450         Tape, Waterproch, Per 18 Square Inches         \$ 0.42   Purchase           A4450         Tape, Waterproch, Per 18 Square Inches         \$ 0.42   Purchase           A4450         Tape, Waterproch, Per 18 Square Inches         \$ 0.42   Purchase           A4450         Achesive Remover Visions, Ann. Type, Cement Or Other Adhesive         \$ 1.85   Purchase           A4460         Achesive Remover, Wipse, Ann. Type, Each         \$ 0.32   Purchase           A4460         Barry Remover, Wipse, Ann. Type, Each         \$ 0.32   Purchase           A4460         Barry Barry William State Sta	_		,		
A4436 Inglation Supply, Sleeve, Reusable, Per Morth         \$ 6.35 Purchase           A4457 Inglation Supply, Sleeve, Disposable, Per Morth         \$ 6.35 Purchase           A4452 Inglation Supply, Sleeve, Sleeve, Sleeve, Marker Standard, Standard Standard, Stan	A4435		\$ 715	Purchase	
A4437 Ingairon Supply; Sleeve, Disposable, Per Month         \$ 8,85 Purchase           A4450 Tape, Waterproof, Per 18 Square Inches         \$ 0.49 Purchase           A4450 Tape, Waterproof, Per 18 Square Inches         \$ 0.42 Purchase           Rechaf Catherie For Low With The Manual Pump-Operated Enema System,         Price By Report           A4450 Affaesive Remover Or Solvent (For Tape, Cament Or Other Adhesive)         \$ 1.65 Purchase           A4456 Affaesive Remover, Wipes, Any Type, Each         \$ 0.32 Purchase           A4456 Affaesive Remover, Wipes, Any Type, Each         \$ 0.32 Purchase           A4458 Enema Bay With Tubing, Pleusable         \$ 0.32 Purchase           A4459 Enema Bay With Tubing, Pleusable         \$ 0.32 Purchase           A4459 Round Cannell, Any Type         Price By Report           A4461 Surgical Dressing Holder, Non-Reusable, Each         \$ 1.53 3           A4462 Surgical Dressing Holder, Rousable, Each         \$ 1.53 3           A4463 Surgical Dressing Holder, Rousable, Each         \$ 1.53 3           A4467 Bat, Estra, Siever, Garmart, Or Covering, Any Type         Price By Report           A4470 Satistic Address of Satistic Angles of Satistic Angles and Satist			•		
A4450.         Tape, Non-Waterproof, Per 1's Square Inches         \$ 0.09 Purchase           A4452.         Tape, Waterproof, Per 1's Square Inches         \$ 0.42 Purchase           A4452.         Tape, Waterproof, Per 1's Square Inches         \$ 0.42 Purchase           A4453.         Replacement Only         Price By Report           A4454.         Affective Remover Or Solvent (For Tape, Cement Or Other Adhesive)         \$ 1.65 Purchase           A4458.         Affective Remover Or Solvent (For Tape, Cement Or Other Adhesive)         \$ 0.32 Purchase           A4458.         Affective Remover Or Solvent (For Tape, Cement Or Other Adhesive)         \$ 0.32 Purchase           A4458.         Affective Remover Views (For Tape, Cement Or Other Adhesive)         \$ 0.32 Purchase           A4459.         Affective Remover Views (For Tape, Cement Or Other Adhesive)         \$ 2.86 Purchase           A4459.         Affective Remover Views (For Tape, Cement Or Other Adhesive)         \$ 1.53 Purchase           A4461.         Affective Development (For Tape, Cement Or Other Adhesive)         \$ 1.58 Purchase           A4462.         Affective Development (For Tape, Cement Or Other Adhesive)         \$ 1.58 Purchase           A4463.         Affective Development (For Tape, Cement Or Other Adhesive)         \$ 1.58 Purchase           A4465.         Affective Development (For Tape, Cement Or Other Adhesive)         \$ 1.53 Purchase			·		
Add			•		
Rectal Cathetert For Iv)s Rectal Cathetert For Iv)s Rectal Catheter Rectal Recta			·		
A4456 Adhesive Remover Or Solvent (For Tape, Cement Or Other Adhesive) \$ 1.65 Purchase   A4456 Adhesive Remover Or Solvent (For Tape, Cement Or Other Adhesive) \$ 1.55 Purchase   A4458 Enema Bay With Tubing, Reusable \$ 2.86 Purchase   A4458 Adhesive Remover Or Solvent (For Tape, Cement Or Other Adhesive) \$ 3.32 Purchase   A4458 Adhesive Remover Or Solvent (For Tape, Cement Or Other Adhesive) \$ 3.95 Purchase   A4458 Adhesive Remover Or Solvent (For Tape, Cement Or Other Adhesive) \$ 2.86 Purchase   A4458 Adhesive Remover Or Solvent (For Tape, Cement Or Other Adhesive) \$ 3.95 Purchase   A4469 Reusable, Any Type   A4463 August Dressing Holder, Non-Reusable, Each \$ 1.533 Purchase   A4463 August Dressing Holder, Reusable, Each \$ 1.533 Purchase   A4469 Non-Elastic Binder For Extremity \$ 5.533 Purchase   A4469 Non-Elastic Binder For Extremity \$ 5.533 Purchase   A4469 Adhesive Remover Or Solvent, Reusable, Each \$ 1.533 Purchase   A4470 Valva Aspirator   A4470 Valva Aspirator   A4470 Valva Aspirator   A4481 Non-Elastic Exchanger, Disposable, For Use With Invasive Mechanical Ventilation   \$ 12.68 Purchase   A4490 Valva Aspirator   A4490 Valva Aspirator   A4490 Valva Aspirator   A4491 Valva Aspirator   A4491 Valva Aspirator   A4491 Valva Aspirator   A4492 Valva Aspirator   A4493 Valva Aspirator   A4493 Valva Aspirator   A4494 Valva Aspirator   A4494 Valva Aspirator   A4494 Valva Aspirator   A4495 Valva Aspirator   A4495 Valva Aspirator   A4496 Valva Aspirator   A4496 Valva Aspirator   A4496 Valva Aspirator   A4497 Valva Aspirator   A4498 Valva Aspirator   A4498 Valva Aspirator   A4499 Valva Aspirator   A4499 Valva Aspirator   A4490 Valva Aspirator	A4452		\$ 0.42	Purchase	
Addes Adheselve Remover Or Solvent (For Tape, Cement Or Other Adhesive)  Ad456 Adhesive Remover Wilps, Any Type, Each  Ad456 Adhesive Remover Wilps, Any Type  Ad461 Surgical Dressing Holder, Non-Reusable, Each  Ad463 Surgical Dressing Holder, Reusable, Each  Ad463 Surgical Dressing Holder, Reusable, Each  Ad465 Ad463 Surgical Dressing Holder, Reusable, Each  Ad465 Ad465 Any Type  Ad467 Belt, Sirap, Stever, Garment, Or Covering, Any Type  Price By Report  Ad470 Belt, Sirap, Stever, Garment, Or Covering, Any Type  Price By Report  Ad470 Belt, Sirap, Stever, Garment, Or Covering, Any Type  Price By Report  Ad470 Belt, Sirap, Stever, Garment, Or Covering, Any Type  Price By Report  Ad480 Valva Aspirator  Ad480 Valva Aspirator  Ad480 Valva Aspirator  Ad481 Molecus Exchanger, Deposable, For Use With Invasive Mechanical Ventilation  Surgical Stockings Tella, Length, Each  Ad490 Surgical Stockings Below Knee Length, Each  Surgical Stockings Below Knee Length, Each  Surgical Trays  Surgical Trays  Surgical Trays  Ad450 Surgical Stockings Below Knee Length, Each  Surgical Trays  Surgical Trays  Ad450 Surgical Stocking Below Remover Ad450 Surgical Trays  Electrocie/Transducer For Use With Electrical Stimulation Device Used For Cancer  Treatment, Replacement Only  Ad450 Remover Ad450 Surgical Trays  Ad450 Neuronauscular electrical stimulation Per Pair  Surgical Trays  Sur		Rectal Catheter For Use With The Manual Pump-Operated Enema System,			
Ad458   Adheesive Remover, Wippes, Any Type, Each   \$ 0.32   Purchase   Ad459   Remeable   \$ 2.86   Purchase   Ad459   Remeable, Any Type   Ad461   Surgical Dressing Holder, Non-Reusable, Each   \$ 3.95   Purchase   Ad462   Ad463   Surgical Dressing Holder, Rou-Reusable, Each   \$ 1.533   Purchase   Ad463   Surgical Dressing Holder, Rou-Reusable, Each   \$ 1.533   Purchase   Ad465   Rousable, Any Type   Pice By Report   Ad467   Belt, String, Sileeve, Garment, Or Covering, Any Type   Pice By Report   Ad470   Ad470   Ad470   Ad470   Ad470   Ad471   Ad470   Ad481   Ad470   Ad470   Ad470   Ad481   Ad470   Ad470   Ad470   Ad481   Ad470   Ad470   Ad470   Ad482   Ad470   Ad470   Ad470   Ad483   Ad570   Ad470   Ad470   Ad483   Ad570   Ad470   Ad470   Ad484   Ad470   Ad470   Ad470   Ad485   Ad470   Ad470   Ad470   Ad480   Ad470	A4453	Replacement Only	Price By Report		
Ad459   Adhesive Remover, Wipes, Any Type, Each   \$ 0.32   Purchase   Ad459   Bennes Bay With Tubing, Reusable   \$ 2.86   Purchase   Ad459   Reusable, Any Type   Ad461   Surgical Dressing Holder, Non-Reusable, Each   \$ 3.95   Purchase   Ad461   Surgical Dressing Holder, Non-Reusable, Each   \$ 1.533   Purchase   Ad462   Surgical Dressing Holder, Reusable, Each   \$ 1.533   Purchase   Ad463   Surgical Dressing Holder, Reusable, Each   \$ 1.533   Purchase   Ad465   Rousable, Any Type   Pice By Report   Ad467   Ret. Type   Pice By Report   Ad470   Ad470   Adams   Adams   Ad470   Adams   Adams   Adams   Ad470   Adams   Adams   Adams   Ad470   Adams   Adams   Ad480   Adams   Adams   Ad481   Adams   Adams   Ad480   Adams   Adams   Ad481   Adams   Adams   Ad481   Adams   Adams   Ad480   Adams   Adams   Ad480   Adams   Adams   Ad481   Adams   Adams   Ad480   Adams   Ad480   Adams   Adams   Ad480   Ad	A4455	Adhesive Remover Or Solvent (For Tape, Cement Or Other Adhesive)	\$ 1.65	Purchase	
Add		,	·		
Aufward Pump-Operated Enema System, Includes Balloon, Catheter And All Accessories, Price By Report  Auffel Surgical Dressing Holder, Roun-Reusable, Each \$ 3.95 Purchase  Auffel Surgical Dressing Holder, Reusable, Each \$ 1.59 By Purchase  Auffel Surgical Dressing Holder, Reusable, Each \$ 1.59 By Purchase  Auffel Surgical Dressing Holder, Reusable, Each \$ 1.59 By Purchase  Auffel Surgical Dressing Holder, Reusable, Each \$ 1.59 By Purchase  Auffel Surgical Dressing Holder, Reusable, Each \$ 1.59 By Purchase  Auffel Surgical Dressing Holder, Reusable, Each \$ 1.59 By Purchase  Auffel Surgical By Washer Price By Report  Auffel Tracheostoma Filter, Any Type, Any Size, Each \$ 1.00 By Report  Auffel Tracheostoma Filter, Any Type, Any Size, Each \$ 1.48 Purchase  Auffel Tracheostoma Filter, Any Type, Any Size, Each \$ 1.48 Purchase  Auffel Tracheostoma Filter, Any Type, Any Size, Each \$ 1.50 By Purchase  Auffel Tracheostoma Filter, Any Type, Any Size, Each \$ 1.50 By Purchase  Auffel Tracheostoma Filter, Any Type, Any Size, Each \$ 1.50 By Purchase  Auffel Tracheostoma Filter, Any Type, Any Size, Each \$ 1.50 By Purchase  Auffel Tracheostoma Filter, Any Type, Any Size, Each \$ 1.50 By Purchase  Auffel Tracheostoma Filter, Any Type, Any Size, Each \$ 1.50 By Purchase  Auffel Surgical Stockings Filter, Each \$ 1.50 By Purchase  Auffel Surgical Stockings Filter, Each \$ 1.50 By Purchase  Auffel Surgical Stockings Filter, Each \$ 1.50 By Purchase  Auffel Surgical Stockings Filter, Each \$ 1.50 By Purchase  Auffel Surgical Stockings Filter, Each \$ 1.50 By Purchase  Auffel Surgical Stockings Filter, Each \$ 1.50 By Purchase  Auffel Purchase  Auffel Purchase  Auffel Purchase  Auffel Purchase  Auffel Purchase			·		+
Reusable, Any Type	714400		Ψ 2.00	i dicilasc	
M4461   Surgical Dressing Holder, Non-Reusable, Each   \$ 1.3.95   Purchase	A 4 4 5 O		Dales D. Desemb		
M4465   More   Eastern   Sample   Sample   Sample   Sample   Sample   Sample   Sample   Murchase   M4465   More   Eastern   Marchase   Marcha					
MA467   Bet, Strap, Sleeve, Garment, Or Covering, Any Type					
Add	A4463	Surgical Dressing Holder, Reusable, Each	\$ 15.93	Purchase	
A4480   Vabra Aspirator	A4465	Non-Elastic Binder For Extremity	\$ 50.33	Purchase	
MA4810   Vabra Aspirator   Make   Vabra Aspirator   Make	A4467	Belt, Strap, Sleeve, Garment, Or Covering, Any Type	Price By Report		
MA4810   Vabra Aspirator   Make   Vabra Aspirator   Make	A4470	Graylee Jet Washer	Price By Report		
Material   Thracheostoma Filter, Any Type, Any Size, Each   \$ 0.44   Purchase					
Moisture Exchanger, Disposable, For Use With Invasive Mechanical Ventilation		•		Durchasa	
A4495   Surgical Stockings Above Knee Length, Each   \$ 19.03   Purchase					
A4450   Surgical Stockings Thigh Length, Each   \$ 27.05   Purchase					
A4500 Surgical Stockings Below Knee Length, Each  A4510 Surgical Stockings Full Length, Each  A4520 Surgical Trays  Surgical Trays  Electrode/Transducer For Use With Electrical Stimulation Device Used For Cancer  A4551 Tratment, Replacement Only  A4555 Tratment, Replacement Only  A4556 Electrodes, (E.G., Apnea Monitor), Per Pair  A4557 Lead Wires, (E.G., Apnea Monitor), Per Pair  A4558 Coupling Gel Or Paste, For Use With Ultrasound Device, Per Oz  A4559 Coupling Gel Or Paste, For Use With Ultrasound Device, Per Oz  A4560 Neuromuscular electrical stimulator (nmes), disposable, replacement only  A4561 Pessary, Rubber, Any Type  A4562 Pessary, Rubber, Any Type  A4562 Pessary, Rubber, Any Type  Rectal Control System For Vaginal Insertion, For Long Term Use, Includes Pump And All  Supplies And Accessories, Any Type Each  A4563 Supplies And Accessories, Any Type Each  A4560 Silings  Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe Control,  Price By Report  A4560 Prefabricated, Includes Fitting And Adjustment  A4560 Selim System For Vaginal Insertion, For Long Term Use, Includes Pump And All  Supplies And Accessories, Any Type Each  A4560 Selim System For Vaginal Restrainer, With Or Without Swathe Control,  Price By Report  A4560 Selim System For Vaginal Restrainer, With Or Without Swathe Control,  Price By Report  A4560 Selim System For Vaginal Restrainer, With Or Without Swathe Control,  Price By Report  A4561 Purchase  A4560 Selim System For Vaginal Restrainer, With Or Without Swathe Control,  Price By Report  A4560 Selim System For Vaginal Restrainer, With Or Without Swathe Control,  Price By Report  A4561 Purchase  A4561 Lithium In Battery, Rechargeable, For Non-Prosthetic Use, Replacement  Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 1.5 Volt,  Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 1.5 Volt,  Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 1.5 Volt,  Replacement Battery For External Infusion Pum			·		
A4550   Surgical Stockings Full Length, Each   \$ 6.3.98   Purchase			·		
Surgical Trays   Electrode/Transducer For Use With Electrical Stimulation Device Used For Cancer   Price By Report				Purchase	
Electrode/Transducer For Use With Electrical Stimulation Device Used For Cancer Treatment, Replacement Only A4556 Electrodes, (E.G., Apnea Monitor), Per Pair \$ 15.10 Purchase A4567 Lead Wires, (E.G., Apnea Monitor), Per Pair \$ 19.76 Purchase A4568 Note of Coupling Gel Or Paste, For Use With Ultrasound Device, Per Oz \$ 19.76 Purchase A4569 Note of Cancer	A4510	Surgical Stockings Full Length, Each	\$ 63.98	Purchase	
A4555   Teatment, Replacement Only   Price By Report	A4550	Surgical Trays	\$ 0.01	Purchase	
A4555   Teatment, Replacement Only   Price By Report		Electrode/Transducer For Use With Electrical Stimulation Device Used For Cancer			
A4556   Electrodes, (E.G., Apnea Monitor), Per Pair   \$ 15.10   Purchase	A4555		Price By Report		
A4557 Lead Wires, (E.G., Apnea Monitor), Per Pair A4558 Coupling Gel Or Paste, For Use With Ultrasound Device, Per Oz \$ 0.12 Purchase A4560 Neuromuscular electrical stimulator (nmes), disposable, replacement only A4561 Pessary, Rubber, Any Type \$ 24.73 Purchase A4562 Pessary, Non Rubber, Any Type \$ 63.62 Purchase A4563 Neurolar Supplies And Accessories, Any Type \$ 63.62 Purchase A4564 Supplies And Accessories, Any Type Bach A4565 Slings A4565 Slings A4566 Prefabricated, Includes Push And Ald Supplies And Accessories, Any Type Each A4566 Prefabricated, Includes Fitting And Adjustment A4566 Prefabricated, Includes Fitting And Adjustment A4570 Splint				Purchase	
A4550 Coupling Gel Or Paste, For Use With Ultrasound Device, Per Oz A4560 Neuromuscular electrical stimulator (mmes), disposable, replacement only A4561 Pessary, Rubber, Any Type A4562 Pessary, Non Rubber, Any Type Rectal Control System For Vaginal Insertion, For Long Term Use, Includes Pump And All A4563 Supplies And Accessories, Any Type Each A4563 Supplies And Accessories, Any Type Each A4565 Slings Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe Control, A4566 Prefabricated, Includes Fitting And Adjustment A4570 Splint A4570 Splint A4590 Cast Supplies (E.G. Plaster) A4591 Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) A4690 Sleeve For Intermittent Limb Compression Device, Replacement Only, Each A4601 Lithium Ion Battery, Rechargeable, For Non-Prosthetic Use, Replacement A4602 Each A4604 Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device A4605 Tracheal Suction Catheter, Closed System, Each A4606 Transtracheal Oxygen Catheter, Each A4601 Battery, Heavy Duty, Replacement For Patient-Owned Ventilator A4602 Battery Cables; Replacement For Patient-Owned Ventilator A4603 Battery Charger; Replacement For Patient-Owned Ventilator A4604 Cannula, Nasal A4605 Cannula, Nasal A4606 Cannula, Nasal			·		
A4560 Neuromuscular electrical stimulator (nmes), disposable, replacement only A4561 Pessary, Rubber, Any Type A561 Pessary, Non Rubber, Any Type Rectal Control System For Vaginal Insertion, For Long Term Use, Includes Pump And All A4563 Supplies And Accessories, Any Type Each A565 Slings Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe Control, Prefabricated, Includes Fitting And Adjustment A4566 Prefabricated, Includes Fitting And Adjustment A4567 Splint A4568 Rosat Supplies (E.G. Plaster) A4569 Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) A4560 Sleeve For Intermittent Limb Compression Device, Replacement Only, Each A4601 Lithium Ion Battery, Rechargeable, For Non-Prosthetic Use, Replacement Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 1.5 Volt, Each A4604 Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device A4605 Tracheal Suction Catheter, Closed System, Each A4606 Transtracheal Oxygen Probe For Use With Oximeter Device, Replacement A4607 Saltery, Heaving System, Each A4608 Transtracheal Oxygen Catheter, Each A4609 Rosat Supplies Replacement For Patient-Owned Ventilator A4601 Battery, Heavy Duty, Replacement For Patient-Owned Ventilator A4601 Battery Cables; Replacement For Patient-Owned Ventilator A4602 Battery Cables; Replacement For Patient-Owned Ventilator A4603 Battery Charger; Replacement For Patient-Owned Ventilator A4604 Cannula, Nasal A4605 Cannula, Nasal					
A4561 Pessary, Rubber, Any Type A4562 Pessary, Non Rubber, Any Type Rectal Control System For Vaginal Insertion, For Long Term Use, Includes Pump And All Supplies And Accessories, Any Type Each A4563 Sulings Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe Control, Prefabricated, Includes Fitting And Adjustment A4566 Prefabricated, Includes Fitting And Adjustment A4570 Splint Splint Splint Supplies (E.G. Plaster) A4580 Cast Supplies (E.G. Plaster) A4580 Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) A4580 Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) Frice By Report A4601 Lithium Ion Battery, Rechargeable, For Non-Prosthetic Use, Replacement Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 1.5 Volt, Each Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device A4600 Tracheal Suction Catheter, Closed System, Each A4600 Cxygen Probe For Use With Oximeter Device, Replacement A4601 Battery, Heavy Duty, Replacement For Patient Owned Ventilator A4601 Battery, Cables; Replacement For Patient-Owned Ventilator A4602 Battery Cables; Replacement For Patient-Owned Ventilator A4603 Battery Cables; Replacement For Patient-Owned Ventilator A4604 Peak Expiratory Flow Rate Meter, Hand Held Supplies A4605 Cannula, Nasal  Supplies A6605 Purchase A4606 Cannula, Nasal  Supplies And Accessories, And Type Bassary, North Advisor Purchase A4606 Cannula, Nasal  Supplies And Accessories, And Supplies And Accessories, And Supplies Advisories, Advisories, North Accessories, And Supplies Advisories, North Accessories, And Supplies Advisories, North Accessories, Nor		- '	·	Purcnase	
A4562 Pessary, Non Rubber, Any Type Rectal Control System For Vaginal Insertion, For Long Term Use, Includes Pump And All Supplies And Accessories, Any Type Each Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe Control, Prefabricated, Includes Fitting And Adjustment A4566 Splint Spl		Neuromuscular electrical stimulator (nmes), disposable, replacement only	Price By Report		
Rectal Control System For Vaginal Insertion, For Long Term Use, Includes Pump And All Supplies And Accessories, Any Type Each  A4565 Slings \$ 9.89 Purchase  Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe Control, Prefabricated, Includes Fitting And Adjustment  A4566 Prefabricated, Includes Fitting And Adjustment  A4570 Splint \$ 28.63 Purchase  A4580 Cast Supplies (E.G. Plaster)  A4580 Cast Supplies (E.G. Plaster)  A4595 Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) \$ 21.98 Purchase  A4600 Sleeve For Intermittent Limb Compression Device, Replacement Only, Each  A4601 Lithium Ion Battery, Rechargeable, For Non-Prosthetic Use, Replacement  Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 1.5 Volt,  Each \$ 4.31 Purchase  A4604 Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device  A4605 Tracheal Suction Catheter, Closed System, Each  A4606 Oxygen Probe For Use With Oximeter Device, Replacement  A4607 Transtracheal Oxygen Catheter, Each  A4608 Transtracheal Oxygen Catheter, Each  A4609 Transtracheal Oxygen Catheter, Each  A4601 Battery, Heavy Duty; Replacement For Patient Owned Ventilator  A4601 Battery Cables; Replacement For Patient-Owned Ventilator  A4602 Battery Cables; Replacement For Patient-Owned Ventilator  A4603 Battery Charger; Replacement For Patient-Owned Ventilator  A4604 Peak Expiratory Flow Rate Meter, Hand Held  A4605 Cannula, Nasal	A4561	Pessary, Rubber, Any Type	\$ 24.73	Purchase	
Rectal Control System For Vaginal Insertion, For Long Term Use, Includes Pump And All Supplies And Accessories, Any Type Each  A4565 Slings \$ 9.89 Purchase  Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe Control, Prefabricated, Includes Fitting And Adjustment  A4566 Prefabricated, Includes Fitting And Adjustment  A4570 Splint \$ 28.63 Purchase  A4580 Cast Supplies (E.G. Plaster)  A4580 Cast Supplies (E.G. Plaster)  A4595 Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) \$ 21.98 Purchase  A4600 Sleeve For Intermittent Limb Compression Device, Replacement Only, Each  A4601 Lithium Ion Battery, Rechargeable, For Non-Prosthetic Use, Replacement  Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 1.5 Volt,  Each \$ 4.31 Purchase  A4604 Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device  A4605 Tracheal Suction Catheter, Closed System, Each  A4606 Oxygen Probe For Use With Oximeter Device, Replacement  A4607 Transtracheal Oxygen Catheter, Each  A4608 Transtracheal Oxygen Catheter, Each  A4609 Transtracheal Oxygen Catheter, Each  A4601 Battery, Heavy Duty; Replacement For Patient Owned Ventilator  A4601 Battery Cables; Replacement For Patient-Owned Ventilator  A4602 Battery Cables; Replacement For Patient-Owned Ventilator  A4603 Battery Charger; Replacement For Patient-Owned Ventilator  A4604 Peak Expiratory Flow Rate Meter, Hand Held  A4605 Cannula, Nasal	A4562	Pessary, Non Rubber, Any Type	\$ 63.62	Purchase	
A4563 Supplies And Accessories, Any Type Each  A4565 Slings  Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe Control, Prefabricated, Includes Fitting And Adjustment  A4566 Prefabricated, Includes Fitting And Adjustment  A4570 Splint  A4580 Cast Supplies (E.G. Plaster)  A4581 Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes)  A4582 Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes)  A4680 Sleeve For Intermittent Limb Compression Device, Replacement Only, Each  A4601 Lithium Ion Battery, Rechargeable, For Non-Prosthetic Use, Replacement  Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 1.5 Volt,  Each  A4602 Each  A4603 Tracheal Suction Catheter, Closed System, Each  A4604 Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device  A4605 Tracheal Suction Catheter, Closed System, Each  A4608 Transtracheal Oxygen Catheter, Each  A4608 Transtracheal Oxygen Catheter, Each  A4609 Eathery, Heavy Duty; Replacement For Patient Owned Ventilator  A4611 Battery, Heavy Duty; Replacement For Patient-Owned Ventilator  A4612 Battery Charger; Replacement For Patient-Owned Ventilator  A4613 Battery Charger; Replacement For Patient-Owned Ventilator  A4614 Peak Expiratory Flow Rate Meter, Hand Held  S 27.50 Purchase  A4615 Cannula, Nasal					
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Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe Control, Prefabricated, Includes Fitting And Adjustment  \$ 28.63 Purchase  \$ 28.63 Purchase  \$ 28.63 Purchase  \$ 28.63 Purchase  \$ 34.46 Purchase  \$ 28.60 Purchase  \$ 28.60 Purchase  \$ 34.46 Purchase  \$ 28.60 Purchase  \$ 34.46 Purchase  \$ 28.60 Purchase  \$ 29.60 Purchase  \$ 29.60 Purchase  \$ 29.60 Purchase  \$ 28.60 Purchase  \$ 29.60 Purchase  \$ 28.60 Purchase  \$ 29.60 Purchase  \$ 28.60 Purchase  \$ 28.		7 7 71			77110941104
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A4570 Splint \$ 28.63 Purchase  A4580 Cast Supplies (E.G. Plaster) \$ 34.46 Purchase  A4595 Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) \$ 21.98 Purchase  A4600 Sleeve For Intermittent Limb Compression Device, Replacement Only, Each  A4601 Lithium Ion Battery, Rechargeable, For Non-Prosthetic Use, Replacement  Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 1.5 Volt,  Each \$ 4.31 Purchase  A4602 Each \$ 4.31 Purchase  A4604 Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device \$ 61.47 Purchase  A4605 Tracheal Suction Catheter, Closed System, Each \$ 20.28 Purchase  A4606 Oxygen Probe For Use With Oximeter Device, Replacement \$ 72.02 Purchase  A4607 Transtracheal Oxygen Catheter, Each \$ 60.00 Purchase  A4608 Transtracheal Oxygen Catheter, Each \$ 60.00 Purchase  A4611 Battery, Heavy Duty; Replacement For Patient Owned Ventilator \$ 89.25 Purchase  A4613 Battery Cables; Replacement For Patient-Owned Ventilator \$ 136.87 Purchase  A4614 Peak Expiratory Flow Rate Meter, Hand Held \$ 27.50 Purchase  A4615 Cannula, Nasal	A AFCC		Drice D. D		
A4580 Cast Supplies (E.G. Plaster) \$ 34.46 Purchase  A4595 Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) \$ 21.98 Purchase  A4600 Sleeve For Intermittent Limb Compression Device, Replacement Only, Each  A4601 Lithium Ion Battery, Rechargeable, For Non-Prosthetic Use, Replacement Price By Report  Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 1.5 Volt,  Each  A4602 Each  A4604 Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device \$ 61.47 Purchase  A4605 Tracheal Suction Catheter, Closed System, Each \$ 20.28 Purchase  A4606 Oxygen Probe For Use With Oximeter Device, Replacement \$ 72.02 Purchase  A4608 Transtracheal Oxygen Catheter, Each \$ 60.00 Purchase  A4611 Battery, Heavy Duty; Replacement For Patient Owned Ventilator \$ 219.38 Purchase  A4612 Battery Cables; Replacement For Patient-Owned Ventilator \$ 89.25 Purchase  A4614 Peak Expiratory Flow Rate Meter, Hand Held \$ 27.50 Purchase  A4615 Cannula, Nasal		, ,		Durahaa	
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A4608 Transtracheal Oxygen Catheter, Each  A4611 Battery, Heavy Duty; Replacement For Patient Owned Ventilator  A4612 Battery Cables; Replacement For Patient-Owned Ventilator  A4613 Battery Charger; Replacement For Patient-Owned Ventilator  A4614 Peak Expiratory Flow Rate Meter, Hand Held  A4615 Cannula, Nasal  \$ 60.00 Purchase  \$ 219.38 Purchase  \$ 89.25 Purchase  \$ 136.87 Purchase  \$ 27.50 Purchase  \$ 0.89 Purchase			·		
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A4612       Battery Cables; Replacement For Patient-Owned Ventilator       \$ 89.25       Purchase         A4613       Battery Charger; Replacement For Patient-Owned Ventilator       \$ 136.87       Purchase         A4614       Peak Expiratory Flow Rate Meter, Hand Held       \$ 27.50       Purchase         A4615       Cannula, Nasal       \$ 0.89       Purchase	A4611	· · ·	\$ 219.38	Purchase	
A4613 Battery Charger; Replacement For Patient-Owned Ventilator \$ 136.87 Purchase  A4614 Peak Expiratory Flow Rate Meter, Hand Held \$ 27.50 Purchase  A4615 Cannula, Nasal \$ 0.89 Purchase					
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A4615 Cannula, Nasal \$ 0.89 Purchase					<del>                                     </del>
					-
A4616   Tubing (Oxygen), Per Foot   \$ 0.06   Purchase		Cannuia, ivasal	D.89	Purcnase	

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	Description Mark 1951	Fee	Purchase or Rental	Prior Auth Status
	Mouth Piece		Purchase	
	Breathing Circuits		Purchase	
A4619 A4620	Face Tent Variable Concentration Mask		Purchase	
	Tracheostomy, Inner Cannula		Purchase Purchase	
	Tracheostorny, miner Carindia Tracheal Suction Catheter, Any Type Other Than Closed System, Each		Purchase	
	Tracheostomy Care Or Cleaning Starter Kit	·	Purchase	
A4626	Tracheostomy Cleaning Brush, Each		Purchase	
711020	Traditionality disarring Brasil, East	ψ 0.111	T GIONGOO	
A4627	Spacer, Bag Or Reservoir, With Or Without Mask, For Use With Metered Dose Inhaler	\$ 19.80	Purchase	
	Oropharyngeal Suction Catheter, Each	·	Purchase	
	Tracheostomy Care Kit For Established Tracheostomy		Purchase	
	Replacement Batteries, Medically Necessary, Transcutaneous Electrical Stimulator,			
A4630	Owned By Patient	\$ 7.46	Purchase	
A4633	Replacement Bulb/Lamp For Ultraviolet Light Therapy System, Each	\$ 49.12	Purchase	
	Replacement Bulb For Therapeutic Light Box, Tabletop Model	Price By Report		
	Underarm Pad, Crutch, Replacement, Each	\$ 6.11	Purchase	
	Replacement, Handgrip, Cane, Crutch, Or Walker, Each	\$ 3.49	Purchase	
A4637	Replacement, Tip, Cane, Crutch, Walker, Each.	\$ 2.02	Purchase	
A4638	Replacement Battery For Patient-Owned Ear Pulse Generator, Each	Price By Report		
	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned			
	By Patient		Purchase	
A4641	Supply Of Radiopharmaceutical Diagnostic Imaging Agent	\$ 277.85	Purchase	
	Supply Of Satumomab Pendetide, Radiopharmaceutical Diagnostic Imaging Agent, Per			
	Dose	Price By Report		
	Tissue Marker, Implantable, Any Type, Each	Price By Report		
A4649	Surgical Supply; Miscellaneous	Price By Report		
A4651	Calibrated Microcapillary Tube, Each	Price By Report		
	Microcapillary Tube Sealant	Price By Report		
	Peritoneal Dialysis Catheter Anchoring Device, Belt, Each	Price By Report		
A4657	Syringe, With Or Without Needle, Each	\$ 0.51	Purchase	
	Disposable Cycler Set Used With Cycler Dialysis Machine, Each	Price By Report		
A4672	Drainage Extension Line, Sterile, For Dialysis, Each	Price By Report		
A4673	Extension Line With Easy Lock Connectors, Used With Dialysis	Price By Report		
A 4074	Observing to Assistant Control Hand To Observing District Foreigns and Day Os	Daile a Day Day and		
	Chemicals/Antiseptics Solution Used To Clean/Sterilize Dialysis Equipment, Per 8 Oz	Price By Report		
	Activated Carbon Filter For Hemodialysis, Each	Price By Report		
	Dialyzer (Artificial Kidneys), All Types, All Sizes, For Hemodialysis, Each	Price By Report		
	Bicarbonate Concentrate, Solution, For Hemodialysis, Per Gallon	Price By Report		
	Bicarbonate Concentrate, Powder, For Hemodialysis, Per Packet  Acetate Concentrate Solution, For Hemodialysis, Per Gallon	Price By Report		
A4708	Acid Concentrate, Solution, For Hemodialysis, Per Gallon	Price By Report Price By Report		
A4703	Treated Water (Deionized, Distilled, Or Reverse Osmosis) For Peritoneal Dialysis, Per	Frice by Report		
A4714	Gallon	Price By Report		
A4719	Y Set Tubing For Peritoneal Dialysis	Price By Report		
7117 10	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 249 Cc,	T 1100 By Troport		
A4720	But Less Than Or Equal To 999 Cc, For Peritoneal Dialysis	Price By Report		
	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 999 Cc	= ,		
	But Less Than Or Equal To 1999 Cc, For Peritoneal Dialysis	Price By Report		
	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 1999 Cc	, ,		
A4722	But Less Than Or Equal To 2999 Cc, For Peritoneal Dialysis	Price By Report		
	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 2999 Cc			
A4723	But Less Than Or Equal To 3999 Cc, For Peritoneal Dialysis	Price By Report	<u> </u>	
	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 3999 Cc			
	But Less Than Or Equal To 4999 Cc, For Peritoneal Dialysis	Price By Report		
	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 4999 Cc			
	But Less Than Or Equal To 5999 Cc, For Peritoneal Dialysis	Price By Report		
	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 5999 Cc,			
A4726	For Peritoneal Dialysis	Price By Report		
	Dialysate Solution, Non-Dextrose Containing, 500 MI	Price By Report		
	Fistula Cannulation Set For Hemodialysis, Each	Price By Report		
	Topical Anesthetic, For Dialysis, Per Gram	Price By Report		1
	Injectable Anesthetic, For Dialysis, Per 10 MI	Price By Report		
	Shunt Accessory, For Hemodialysis, Any Type, Each	Price By Report	D 1	
	Blood Tubing, Arterial Or Venous, For Hemodialysis, Each	\$ 7.61	Purchase	
	Blood Tubing, Arterial And Venous Combined, For Hemodialysis, Each	Price By Report		
	Dialysate Solution Test Kit, For Peritoneal Dialysis, Any Type, Each	Price By Report		
	Dialysate Concentrate, Powder, Additive For Peritoneal Dialysis, Per Packet	Price By Report		ļ
	Dialysate Concentrate, Solution, Additive For Peritoneal Dialysis, Per 10 MI	Price By Report		
	Blood Collection Tube, Vacuum, For Dialysis, Per 50	Price By Report		ļ
	Serum Clotting Time Tube, For Dialysis, Per 50	Price By Report	Durchas	
	Blood Glucose Test Strips, For Dialysis, Per 50		Purchase	1
	Occult Blood Test Strips, For Dialysis, Per 50 Ammonia Test Strips, For Dialysis, Per 50	Price By Report		1
A+114	הוווווטווום ובטנ טנווףט, ו טו טומואטוט, רפו טט	Price By Report		l

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Code	Description Protoming Sulfate For Hamadiahaia Par 50 Ma	Fee	Purchase or Rental	Prior Auth Status
A4802	Protamine Sulfate, For Hemodialysis, Per 50 Mg	Price By Report		
A4860	Disposable Catheter Tips For Peritoneal Dialysis, Per 10	Price By Report		
A4870	Plumbing And/Or Electrical Work For Home Hemodialysis Equipment	Price By Report		
A4890	Contracts, Repair And Maintenance, For Hemodialysis Equipment	Price By Report		
A4911	Drain Bag/Bottle, For Dialysis, Each	Price By Report		
A4913	Miscellaneous Dialysis Supplies, Not Otherwise Specified	Price By Report		
A4918	Venous Pressure Clamp, For Hemodialysis, Each	Price By Report		
A4927	Gloves, Non-Sterile, Per 100	\$ 9.66	Purchase	
A4929	Tourniquet For Dialysis, Each	Price By Report		
A4930	Gloves, Sterile, Per Pair	\$ 0.88	Purchase	
A4932	Rectal Thermometer, Reusable, Any Type, Each	Price By Report		
A5051	Ostomy Pouch, Closed; With Barrier Attached (1 Piece), Each	\$ 2.47	Purchase	
A5052	Ostomy Pouch, Closed; Without Barrier Attached (1 Piece), Each	\$ 1.78	Purchase	
A5053	Ostomy Pouch, Closed; For Use On Faceplate, Each	\$ 1.76	Purchase	
A5054	Ostomy Pouch, Closed; For Use On Barrier With Flange (2 Piece), Each	\$ 2.08	Purchase	
A5055	Stoma Cap	\$ 1.69	Purchase	
	Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, With Filter, (1 Piece),			
A5056	Each	\$ 5.78	Purchase	
	Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, With Built In	* ****		
A5057	Convexity, With Filter, (1 Piece), Each	\$ 11.87	Purchase	
A5061	Pouch, Drainable; With Barrier Attached (1 Piece)	•	Purchase	
A5061 A5062	Ostomy Pouch, Drainable; Without Barrier Attached (1 Piece), Each	·	Purchase	+
A5062 A5063	Ostomy Pouch, Drainable; Without Barrier Attached (1 Flece), Each Ostomy Pouch, Drainable; For Use On Barrier With Flange (2 Piece System), Each	·	Purchase	
		·		
A5071	Ostomy Pouch, Urinary; With Barrier Attached (1 Piece), Each	·	Purchase	
A5072	Ostomy Pouch, Urinary; Without Barrier Attached (1 Piece), Each		Purchase	
A5073	Ostomy Pouch, Urinary; For Use On Barrier With Flange (2 Piece), Each		Purchase	
A5081	Stoma Plug Or Seal, Any Type	· ·	Purchase	
A5082	Continent Device; Catheter For Continent Stoma	· ·	Purchase	
A5083	Continent Device, Stoma Absorptive Cover For Continent Stoma		Purchase	
A5093	Ostomy Accessory; Convex Insert	\$ 2.34	Purchase	
A5102	Bedside Drainage Bottle With Or Without Tubing, Rigid Or Expandable, Each	\$ 26.81	Purchase	
A5105	Urinary Suspensory With Leg Bag, With Or Without Tube, Each	\$ 46.48	Purchase	
	Urinary Drainage Bag, Leg Or Abdomen, Latex, With Or Without Tube, With Straps,			
A5112	Each	\$ 41.45	Purchase	
A5113	Leg Strap; Latex, Replacement Only, Per Set	\$ 4.80	Purchase	
A5114	Leg Strap; Foam Or Fabric, Replacement Only, Per Set	\$ 10.35	Purchase	
A5120	Skin Barrier, Wipes Or Swabs, Each	\$ 0.33	Purchase	
A5121	Skin Barrier; Solid, 6 X 6 Or Equivalent, Each	\$ 8.62	Purchase	
A5122	Skin Barrier; Solid, 8 X 8 Or Equivalent, Each		Purchase	
A5126	Adhesive Or Non-Adhesive; Disk Or Foam Pad	·	Purchase	
A5131	Appliance Cleaner, Incontinence And Ostomy Appliances, Per 16 Oz.	·	Purchase	
A5200	Percutaneous Catheter/Tube Anchoring Device, Adhesive Skin Attachment	·	Purchase	
A3200	For Diabetics Only, Fitting (Including Follow-Up), Custom Preparation And Supply Of Off-	Ψ 14.00	i dicilase	
	The-Shelf Depth-Inlay Shoe Manufactured To Accommodate Multi- Density Insert(S), Per			
A5500	Shoe.	\$ 78.61	Purchase	
A3300	For Diabetics Only, Fitting (Including Follow-Up), Custom Preparation And Supply Of	φ /0.01	Fulcilase	
A5501	Shoe Molded From Cast(S) Of Patient'S Foot (Custom Molded Shoe), Per Shoe	\$ 228.27	Purchase	
	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or	φ 220.21	ruicilase	
		\$ 38.75	Purchase	
A5503	Custom-Molded Shoe With Roller Or Rigid Rocker Bottom, Per Shoe	φ 38./5	ruiciiase	
A 5 5 0 4	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or	e 22	Durahaa -	
A5504	Custom-Molded Shoe With Wedge(S), Per Shoe	\$ 38.75	Purchase	1
A 5 5 0 5	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or	e 22 ==	D. mak and	
A5505	Custom-Molded Shoe With Metatarsal Bar, Per Shoe	\$ 38.75	Purchase	ļ
	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or		L .	
A5506	Custom-Molded Shoe With Off-Set Heel(S), Per Shoe	\$ 38.75	Purchase	
	For Diabetics Only, Not Otherwise Specified Modification (Including Fitting) Of Off-The-			
A5507	Shelf Depth-Inlay Shoe Or Custom-Molded Shoe, Per Shoe	\$ 38.75	Purchase	
	For Diabetics Only, Deluxe Feature Of Off-The-Shelf Depth-Inlay Shoe Or Custom-			
A5508	Molded Shoe, Per Shoe	Price By Report		
	For Diabetics Only, Direct Formed, Compression Molded To Patient'S Foot Without			
A5510	External Heat Source, Multiple-Density Insert(S) Prefabricated, Per Shoe	Price By Report		
	For Diabetics Only, Multiple Density Insert, Direct Formed, Molded To Foot After External			
	Heat Source Of 230 Degrees Fahrenheit Or Higher, Total Contact With Patient'S Foot,			
	Including Arch, Base Layer Minimum Of 1/4 Inch Material Of Shore A 35 Durometer Or			
A5512	3/16	\$ 32.07	Purchase	
	For Diabetics Only, Multiple Density Insert, Custom Molded From Model Of Patient'S			
	Foot, Total Contact With Patient'S Foot, Including Arch, Base Layer Minimum Of 3/16			
	Inch Material Of Shore A 35 Durometer (Or Higher), Includes Arch Filler And Other			
A5513	Shapin	\$ 46.32	Purchase	
	For Diabetics Only, Multiple Density Insert, Made By Direct Carving With Cam			
1	Technology From A Rectified Cad Model Created From A Digitized Scan Of The Patient,			
	Total Contact With Patient'S Foot, Including Arch, Base Layer Minimum Of 3/16 Inch			
A5514	Material Of Sho	\$ 46.32	Purchase	PA Required
A6010	Collagen Based Wound Filler, Dry Form, Sterile, Per Gram Of Collagen		Purchase	- 1
		. 07.07	1	1

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Code A6011	Description  Collagen Based Wound Filler, Gel/Paste, Per Gram Of Collagen	<b>Fee</b> \$ 2.74	Purchase or Rental Purchase	Prior Auth Status
A6021	Collagen Dressing, Sterile, Size 16 Sq. In. Or Less, Each		Purchase	
710021	Collagen Dressing, Sterile, Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq.	Ψ 24.01	i dicilase	
A6022	In., Each	\$ 25.99	Purchase	
A6023	Collagen Dressing, Sterile, Size More Than 48 Sq. In., Each	\$ 227.78	Purchase	
A6024	Collagen Dressing Wound Filler, Sterile, Per 6 Inches	\$ 7.41	Purchase	
A6025	Gel Sheet For Dermal Or Epidermal Application, (E.G., Silicone, Hydrogel, Other), Each		Purchase	
A6154	Wound Pouch, Each	\$ 17.77	Purchase	
A6196	Alginate Or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 9.08	Purchase	
A0190	Alginate Or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size More Than 16	Ф 9.06	Fulchase	
A6197	Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing	\$ 20.44	Purchase	
	Alginate Or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size More Than 48	-		
A6198	Sq. In., Each Dressing	Price By Report		
A6199	Alginate Or Other Fiber Gelling Dressing, Wound Filler, Sterile, Per 6 Inches	\$ 6.53	Purchase	
	Composite Dressing, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive			
A6203	Border, Each Dressing	\$ 3.90	Purchase	
	Composite Dressing, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To			
A6204	48 Sq. In., With Any Size Adhesive Border, Each Dressing	\$ 7.44	Purchase	
A6205	Composite Dressing, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive	Price By Report		
A6205 A6206	Border, Each Dressing Contact Layer, Sterile, 16 Sq. In. Or Less, Each Dressing	Price By Report		
A0200	Contact Layer, Sterile, Nove Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each	Trice by Report		
A6207	Dressing	\$ 9.07	Purchase	
A6208	Contact Layer, Sterile, More Than 48 Sq. In., Each Dressing	Price By Report		
	Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive	, ,		
A6209	Border, Each Dressing	\$ 8.64	Purchase	
	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or			
A6210	Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 24.62	Purchase	
	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without			
A6211	Adhesive Border, Each Dressing Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size	\$ 37.73	Purchase	
A6212	Adhesive Border, Each Dressing	\$ 12.06	Purchase	
70212	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or	Ψ 12.00	i dicilase	
A6213	Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing	\$ 9.11	Purchase	
	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size	*		
A6214	Adhesive Border, Each Dressing	\$ 12.73	Purchase	
A6215	Foam Dressing, Wound Filler, Sterile, Per Gram	Price By Report		
	Gauze, Non-Impregnated, Non-Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive			
A6216	Border, Each Dressing	\$ 0.05	Purchase	
	Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 16 Sq. In. But Less Than Or			
A6217	Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 48 Sq. In., Without Adhesive	Price By Report		
A6218	Border, Each Dressing	Price By Report		
7.02.10	Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive	T floc By Report		
A6219	Border, Each Dressing	\$ 1.20	Purchase	
	Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or	*		
A6220	Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing	\$ 2.99	Purchase	
	Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., With Any Size			
A6221	Adhesive Border, Each Dressing	Price By Report		
4.0000	Gauze, Impregnated With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Pad		5 .	
A6222	Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	\$ 2.47	Purchase	
	Gauze, Impregnated With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Pad Size More Than 16 Sq. In., But Less Than Or Equal To 48 Sq. In., Without Adhesive			
A6223	Border, Each Dressing	\$ 2.99	Purchase	
7.0220	Gauze, Impregnated With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Pad	Ψ 2.00	. aronass	
A6224	Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 4.31	Purchase	
	Gauze, Impregnated, Water Or Normal Saline, Sterile, Pad Size 16 Sq. In. Or Less,			
A6228	Without Adhesive Border, Each Dressing	Price By Report		
	Gauze, Impregnated, Water Or Normal Saline, Sterile, Pad Size More Than 16 Sq. In.			
A6229	But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 4.31	Purchase	
4.0000	Gauze, Impregnated, Water Or Normal Saline, Sterile, Pad Size More Than 48 Sq. In.,	Daise De Dement		
A6230	Without Adhesive Border, Each Dressing Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Sterile, Pad Size 16 Sq. In.	Price By Report		
A6231	Or Less, Each Dressing	\$ 5.79	Purchase	
. 10201	Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Sterile, Pad Size Greater	ψ 0.79		
A6232	Than 16 Sq. In., But Less Than Or Equal To 48 Sq. In., Each Dressing	\$ 8.22	Purchase	
	Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Sterile, Pad Size More Than			
A6233	48 Sq. In., Each Dressing	\$ 22.95	Purchase	
	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without			
A6234	Adhesive Border, Each Dressing	\$ 8.09	Purchase	
40005	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less	ф 00 =0	Dunchasa	
A6235	Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 20.78	Purchase	

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Code	Description Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without	Fee	Purchase or Rental Prior Auth Statu
A6236	Adhesive Border, Each Dressing	\$ 32.62	Purchase
710200	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any	Ψ 02.02	T dichase
A6237	Size Adhesive Border, Each Dressing	\$ 9.86	Purchase
	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less	,	
A6238	Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing	\$ 27.29	Purchase
	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any		
A6239	Size Adhesive Border, Each Dressing	Price By Report	
A6240	Hydrocolloid Dressing, Wound Filler, Paste, Sterile, Per Ounce		Purchase
A6241	Hydrocolloid Dressing, Wound Filler, Dry Form, Sterile, Per Gram	\$ 3.08	Purchase
10040	Hydrogel Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without	¢ 7.05	Directions
A6242	Adhesive Border, Each Dressing Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than		Purchase
A6243	Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing		Purchase
710240	Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without	Ψ 14.75	i dicitase
A6244	Adhesive Border, Each Dressing	\$ 47.02	Purchase
	Hydrogel Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size		
A6245	Adhesive Border, Each Dressing	\$ 8.70	Purchase
	Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than		
A6246	Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing		Purchase
	Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size		
A6247	Adhesive Border, Each Dressing	*	Purchase
A6248	Hydrogel Dressing, Wound Filler, Gel, Per Fluid Ounce		Purchase
A6250	Skin Sealants, Protectants, Moisturizers, Ointments, Any Type, Any Size	\$ 7.79	Purchase
A6251	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	\$ 2.38	Purchase
A0231	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But		i dichase
A6252	Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing		Purchase
	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In.,	* ****	
A6253	Without Adhesive Border, Each Dressing	\$ 7.33	Purchase
	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With		
A6254	Any Size Adhesive Border, Each Dressing	\$ 1.43	Purchase
	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But		
A6255	Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing	\$ 3.64	Purchase
	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In.,		
AGOEG	With Any Size Adhesive Border, Each Dressing	Drice By Benert	
A6256	With Any Size Adhesive Border, Each Dressing Transparent Film Sterile, 16 Sq. In Or Less Fach Dressing	Price By Report	Purchase
A6256 A6257	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing		Purchase
A6257	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In.,	\$ 1.88	
	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing	\$ 1.88 \$ 5.33	Purchase Purchase Purchase
A6257 A6258	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing	\$ 1.88 \$ 5.33	Purchase
A6257 A6258 A6259	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report	Purchase
A6257 A6258 A6259 A6260	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report	Purchase Purchase
A6257 A6258 A6259 A6260 A6261 A6262	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report	Purchase Purchase Purchase
A6257 A6258 A6259 A6260 A6261	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report	Purchase Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38	Purchase Purchase Purchase Purchase
A6257 A6258 A6259 A6260 A6261 A6262	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38	Purchase Purchase Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15	Purchase Purchase Purchase Purchase Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing  Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing  Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing  Wound Cleansers, Any Type, Any Size  Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified  Wound Filler, Dry Form, Per Gram, Not Otherwise Specified  Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard  Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing  Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15	Purchase Purchase Purchase Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing  Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing  Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing  Wound Cleansers, Any Type, Any Size  Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified  Wound Filler, Dry Form, Per Gram, Not Otherwise Specified  Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard  Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing  Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing  Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15	Purchase Purchase  Purchase  Purchase  Purchase  Purchase  Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing  Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing  Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing  Wound Cleansers, Any Type, Any Size  Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified  Wound Filler, Dry Form, Per Gram, Not Otherwise Specified  Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard  Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing  Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15 \$ 0.51	Purchase Purchase Purchase Purchase Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing  Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing  Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing  Wound Cleansers, Any Type, Any Size  Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified  Wound Filler, Dry Form, Per Gram, Not Otherwise Specified  Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard  Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing  Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing  Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15 \$ 0.51 \$ 2.36	Purchase Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase
A6257 A6258 A6259 A6260 A6261 A6261 A6262 A6266 A6402 A6403 A6404 A6407	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing  Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing  Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing  Wound Cleansers, Any Type, Any Size  Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified  Wound Filler, Dry Form, Per Gram, Not Otherwise Specified  Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard  Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing  Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing  Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing  Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45	Purchase Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing  Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing  Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing  Wound Cleansers, Any Type, Any Size  Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified  Wound Filler, Dry Form, Per Gram, Not Otherwise Specified  Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard  Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing  Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing  Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing  Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 5.07	Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing  Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing  Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing  Wound Cleansers, Any Type, Any Size  Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified  Wound Filler, Dry Form, Per Gram, Not Otherwise Specified  Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard  Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing  Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing  Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing  Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing  Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each  Eye Pad, Non-Sterile, Each	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 5.07	Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 3.22 Price By Report	Purchase Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 5.07 \$ 3.22 Price By Report	Purchase
A6257 A6258 A6259 A6260 A6261 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413 A6441	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Less Than Three	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 5.07 \$ 3.22 Price By Report	Purchase Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Less Than Three Inches, Per Yard	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 5.07 \$ 7.22 Price By Report \$ 0.82	Purchase Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413 A6441 A6442	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 5.07 \$ 3.22 Price By Report \$ 0.82 \$ 0.19	Purchase
A6257 A6258 A6259 A6260 A6261 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413 A6441	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 5.07 \$ 3.22 Price By Report \$ 0.82 \$ 0.19	Purchase Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413 A6444 A6444	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 5.07 \$ 3.22 Price By Report \$ 0.82 \$ 0.19	Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413 A6441 A6442	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 5.07 \$ 3.22 Price By Report \$ 0.82 \$ 0.19	Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413 A6444 A6444	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 5.07 \$ 3.22 Price By Report \$ 0.82 \$ 0.19 \$ 0.36	Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413 A6444 A6444	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Less Than Three	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 5.07 \$ 3.22 Price By Report \$ 0.82 \$ 0.19 \$ 0.36	Purchase Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413 A6444 A6444	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, Non-Elastic, Kon-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 0.45 \$ 0.82 \$ 0.19 \$ 0.36 \$ 0.46 \$ 0.41	Purchase Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase  Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413 A6444 A6444 A6445 A6444	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15 \$ 0.67 \$ 2.36 \$ 0.45 \$ 0.82 Price By Report \$ 0.82 \$ 0.49 \$ 0.40 \$ 0.41 \$ 0.51	Purchase
A6257 A6258 A6259 A6260 A6261 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413 A6444 A6444 A6444 A6444	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 2.38 \$ 0.15 \$ 0.67 \$ 2.36 \$ 0.45 \$ 5.07 \$ 3.22 Price By Report \$ 0.82 \$ 0.19 \$ 0.36 \$ 0.41 \$ 0.51	Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413 A6444 A6445 A6444 A6445	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Five Inches, Per Yard	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 0.45 \$ 0.82 \$ 0.19 \$ 0.36	Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413 A6444 A6444 A6445 A6444	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Three Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Five Inches, Per Yard	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 0.45 \$ 0.82 \$ 0.19 \$ 0.36	Purchase
A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6407 A6410 A6411 A6412 A6413 A6444 A6445 A6444 A6445	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing Wound Cleansers, Any Type, Any Size Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified Wound Filler, Dry Form, Per Gram, Not Otherwise Specified Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard Eye Pad, Sterile, Each Eye Pad, Non-Sterile, Each Eye Patch, Occlusive, Each Adhesive Bandage, First-Aid Type, Any Size, Each Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Five Inches, Per Yard	\$ 1.88 \$ 5.33 \$ 13.52 Price By Report \$ 44.38 Price By Report \$ 0.15 \$ 0.51 \$ 0.67 \$ 2.36 \$ 0.45 \$ 0.45 \$ 0.82 \$ 0.19 \$ 0.36 \$ 0.47 \$ 0.36 \$ 0.41 \$ 0.51	Purchase

	<b>5</b>	_		<b>15.1.4.4.6.</b>
Code	Description	Fee	Purchase or Rental	Prior Auth Status
10450	Light Compression Bandage, Elastic, Knitted/Woven, Width Greater Than Or Equal To	Φ 0.05	Donahaaa	
A6450	Five Inches, Per Yard	\$ 2.25	Purchase	
	Moderate Compression Bandage, Elastic, Knitted/Woven, Load Resistance Of 1.25 To			
A C 4 E 4	1.34 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To Three	<b>6</b> 0.40	Donahaaa	
A6451	Inches And Less Than Five Inches, Per Yard	\$ 2.10	Purchase	
	High Compression Bandage, Elastic, Knitted/Woven, Load Resistance Greater Than Or			
40450	Equal To 1.35 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To		<b>5</b> .	
A6452	Three Inches And Less Than Five Inches, Per Yard	\$ 7.07	Purchase	
	Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Less Than Three			
A6453	Inches, Per Yard	\$ 0.77	Purchase	
	Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Greater Than Or Equal			
A6454	To Three Inches And Less Than Five Inches, Per Yard	\$ 0.97	Purchase	
	Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Greater Than Or Equal			
A6455	To Five Inches, Per Yard	\$ 1.67	Purchase	
	Zinc Paste Impregnated Bandage, Non-Elastic, Knitted/Woven, Width Greater Than Or			
A6456	Equal To Three Inches And Less Than Five Inches, Per Yard		Purchase	
A6457	Tubular Dressing With Or Without Elastic, Any Width, Per Linear Yard	\$ 1.42	Purchase	
	Synthetic Resorbable Wound Dressing, Sterile, Pad Size 16 Sq. In. Or Less, Without			
A6460	Adhesive Border, Each Dressing	Price By Report		
	Synthetic Resorbable Wound Dressing, Sterile, Pad Size More Than 16 Sq. In. But Less			
A6461	Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	Price By Report		
A6501	Compression Burn Garment, Bodysuit (Head To Foot), Custom Fabricated	Price By Report		
A6502	Compression Burn Garment, Chin Strap, Custom Fabricated	Price By Report		
A6503	Compression Burn Garment, Facial Hood, Custom Fabricated	Price By Report		
A6504	Compression Burn Garment, Glove To Wrist, Custom Fabricated	Price By Report		
A6505	Compression Burn Garment, Glove To Elbow, Custom Fabricated	Price By Report		
A6506	Compression Burn Garment, Glove To Axilla, Custom Fabricated	Price By Report		
A6507	Compression Burn Garment, Foot To Knee Length, Custom Fabricated	Price By Report		
A6508	Compression Burn Garment, Foot To Thigh Length, Custom Fabricated	Price By Report		
A0300		Trice by Report		
A 6 E 0 0	Compression Burn Garment, Upper Trunk To Waist Including Arm Openings (Vest),	Drice By Benert		
A6509	Custom Fabricated	Price By Report		
40540	Compression Burn Garment, Trunk, Including Arms Down To Leg Openings (Leotard),	D: D D .		
A6510	Custom Fabricated	Price By Report		
	Compression Burn Garment, Lower Trunk Including Leg Openings (Panty), Custom			
A6511	Fabricated	Price By Report		
A6512	Compression Burn Garment, Not Otherwise Classified	Price By Report		
A6513	Compression Burn Mask, Face And/Or Neck, Plastic Or Equal, Custom Fabricated	Price By Report		
A6530	Gradient Compression Stocking, Below Knee, 18-30 Mmhg, Each	\$ 31.70	Purchase	
A6531	Gradient Compression Stocking, Below Knee, 30-40 Mmhg, Each	\$ 52.12	Purchase	
A6532	Gradient Compression Stocking, Below Knee, 40-50 Mmhg, Each	\$ 73.44	Purchase	
A6533	Gradient Compression Stocking, Thigh Length, 18-30 Mmhg, Each	\$ 49.41	Purchase	
A6534	Gradient Compression Stocking, Thigh Length, 30-40 Mmhg, Each	\$ 58.86	Purchase	
A6535	Gradient Compression Stocking, Thigh Length, 40-50 Mmhg, Each	Price By Report		
A6536	Gradient Compression Stocking, Full Length/Chap Style, 18-30 Mmhg, Each	\$ 51.35	Purchase	
A6537	Gradient Compression Stocking, Full Length/Chap Style, 30-40 Mmhg, Each	Price By Report	. 4.0.1400	
A6538	Gradient Compression Stocking, Full Length/Chap Style, 40-50 Mmhg, Each	Price By Report		
A6539	Gradient Compression Stocking, Valist Length, 18-30 Mmhg, Each	Price By Report		
		, ,		
A6540	Gradient Compression Stocking, Waist Length, 30-40 Mmhg, Each	Price By Report		
A6541	Gradient Compression Stocking, Waist Length, 40-50 Mmhg, Each	Price By Report	5 .	
A6544	Gradient Compression Stocking, Garter Belt	\$ 56.00	Purchase	
A6545	Gradient Compression Wrap, Non-Elastic, Below Knee, 30-50 Mm Hg, Each	Price By Report		
A6549	Gradient Compression Stocking/Sleeve, Not Otherwise Specified	Price By Report		
l <u>.</u>	Wound Care Set, For Negative Pressure Wound Therapy Electrical Pump, Includes All		L .	
A6550	Supplies And Accessories	\$ 29.23	Purchase	
	Vacuum Drainage Collection Unit And Tubing Kit, Including All Supplies Needed For	·		
A6590	Collection Unit Change, For Use With Implanted Catheter, Each	Price By Report		
	Vacuum Drainage Collection Unit And Tubing Kit, Including All Supplies Needed For			
A6591	Collection Unit Change, For Use With Implanted Catheter, Each	Price By Report		
A7000	Canister, Disposable, Used With Suction Pump, Each	\$ 9.31	Purchase	
A7001	Canister, Non-Disposable, Used With Suction Pump, Each		Purchase	
A7002	Tubing, Used With Suction Pump, Each		Purchase	
A7003	Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Disposable		Purchase	
A7004	Small Volume Nonfiltered Pneumatic Nebulizer, Disposable		Purchase	
504	Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Non-	¥ 1.00	. aronaco	
A7005	Disposable	\$ 27.01	Purchase	
A7005 A7006	·			
	Administration Set, With Small Volume Filtered Pneumatic Nebulizer		Purchase	
A7007	Large Volume Nebulizer, Disposable, Unfilled, Used With Aerosol Compressor		Purchase	
A7008	Large Volume Nebulizer, Disposable, Prefilled, Used With Aerosol Compressor		Purchase	
A7009	Reservoir Bottle, Non-Disposable, Used With Large Volume Ultrasonic Nebulizer		Purchase	
A7010	Corrugated Tubing, Disposable, Used With Large Volume Nebulizer, 100 Feet		Purchase	
A7012	Water Collection Device, Used With Large Volume Nebulizer	\$ 4.14	Purchase	
A7013	Filter, Disposable, Used With Aerosol Compressor Or Ultrasonic Generator	\$ 0.87	Purchase	
A7014	Filter, Nondisposable, Used With Aerosol Compressor Or Ultrasonic Generator	\$ 4.54	Purchase	
A7015	Aerosol Mask, Used With Dme Nebulizer		Purchase	
-			1	1

Code	Description	Fee	Purchase or Rental	Prior Auth Status
	Nebulizer, Durable, Glass Or Autoclavable Plastic, Bottle Type, Not Used With Oxygen		Capped Rental	
A7018	Water, Distilled, Used With Large Volume Nebulizer, 1000 MI	\$ 0.41	Purchase	
	Interface For Cough Stimulating Device, Includes All Components, Replacement Only High Frequency Chest Wall Oscillation System Vest, Replacement For Use With Patient	\$ 17.89	Purchase	
A7025	Owned Equipment, Each	\$ 502.93	Purchase	
	High Frequency Chest Wall Oscillation System Hose, Replacement For Use With Patient Owned Equipment, Each	\$ 34.41	Purchase	
	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	\$ 180.32	Purchase	
	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each		Purchase	
	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	·	Purchase	
	Full Face Mask Used With Positive Airway Pressure Device, Each		Purchase	
	Face Mask Interface, Replacement For Full Face Mask, Each		Purchase	
A7032 A7033	Cushion For Use On Nasal Mask Interface, Replacement Only, Each		Purchase	
A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device,	\$ 25.21	Purchase	
	With Or Without Head Strap		Purchase	
	Headgear Used With Positive Airway Pressure Device	•	Purchase	
	Chinstrap Used With Positive Airway Pressure Device		Purchase	
	Tubing Used With Positive Airway Pressure Device Filter, Disposable, Used With Positive Airway Pressure Device		Purchase	
A7038 A7039	Filter, Disposable, Used With Positive Airway Pressure Device Filter, Non Disposable, Used With Positive Airway Pressure Device		Purchase Purchase	
A7039 A7040	One Way Chest Drain Valve	·	Purchase Purchase	
	Water Seal Drainage Container And Tubing For Use With Implanted Chest Tube		Purchase	
	Oral Interface Used With Positive Airway Pressure Device, Each		Purchase	
	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway	Ψ 110.01	1 dionasc	
A7045	Devices, Replacement Only Water Chamber For Humidifier, Used With Positive Airway Pressure Device,	\$ 18.19	Purchase	
	Replacement, Each	\$ 18.97	Purchase	
A7047	Oral Interface Used With Respiratory Suction Pump, Each	\$ 144.71	Purchase	
.=	Vacuum Drainage Collection Unit And Tubing Kit, Including All Supplies Needed For			
	Collection Unit Change, For Use With Implanted Catheter, Each		Purchase	
	Tracheostoma Valve, Including Diaphragm, Each Replacement Diaphragm/Faceplate For Tracheostoma Valve, Each	•	Purchase Purchase	
	Filter Holder Or Filter Cap, Reusable, For Use In A Tracheostoma Heat And Moisture	φ 59.75	Fulcilase	
	Exchange System, Each	\$ 13.58	Purchase	
	Filter For Use In A Tracheostoma Heat And Moisture Exchange System, Each		Purchase	
	Housing, Reusable Without Adhesive, For Use In A Heat And Moisture Exchange System And/Or With A Tracheostoma Valve, Each	·	Purchase	
	Adhesive Disc For Use In A Heat And Moisture Exchange System And/Or With	Ψ 0.02	1 dionage	
	Tracheostoma Valve, Any Type Each	\$ 0.39	Purchase	
	Filter Holder And Integrated Filter Without Adhesive, For Use In A Tracheostoma Heat	¢ 2.07	Durchaga	
A7507	And Moisture Exchange System, Each Housing And Integrated Adhesive, For Use In A Tracheostoma Heat And Moisture	\$ 3.07	Purchase	
A7508	Exchange System And/Or With A Tracheostoma Valve, Each Filter Holder And Integrated Filter Housing, And Adhesive, For Use As A Tracheostoma	\$ 3.54	Purchase	
A7509	Heat And Moisture Exchange System, Each	\$ 1.68	Purchase	
	Tracheostomy/Laryngectomy Tube, Non-Cuffed, Polyvinylchloride (Pvc), Silicone Or Equal, Each	\$ 58.73	Purchase	
A7521	Tracheostomy/Laryngectomy Tube, Cuffed, Polyvinylchloride (Pvc), Silicone Or Equal, Each	\$ 58.57	Purchase	
	Tracheostomy/Laryngectomy Tube, Stainless Steel Or Equal (Sterilizable And			
A7522 A7523	Reusable), Each Tracheostomy Shower Protector, Each	\$ 54.05 Price By Report	Purchase	1
A7523 A7524	Tracheostomy Shower Protector, Each  Tracheostoma Stent/Stud/Button, Each		Purchase	
A7524 A7525	Tracheostomy Mask, Each		Purchase	
A7525	Tracheostomy Tube Collar/Holder, Each		Purchase	
A7527	Tracheostomy/Laryngectomy Tube Plug/Stop, Each		Purchase	
A8000	Helmet, Protective, Soft, Prefabricated, Includes All Components And Accessories		Purchase	
	Helmet, Protective, Hard, Prefabricated, Includes All Components And Accessories		Purchase	
	Helmet, Protective, Soft, Custom Fabricated, Includes All Components And Accessories		Purchase	
	,,,,			
	Helmet Protective Hard Custom Fabricated Includes All Components And Accessories	¢ 511 16		i
A8003	Helmet, Protective, Hard, Custom Fabricated, Includes All Components And Accessories Soft Interface For Helmet, Replacement Only	\$ 511.46 Price By Report	ruiciiase	
A8003 A8004	Soft Interface For Helmet, Replacement Only	Price By Report	ruicilase	
A8003 A8004	Soft Interface For Helmet, Replacement Only Artificial Saliva, 30 MI	·	Fulcilase	
A8003 A8004 A9155	Soft Interface For Helmet, Replacement Only Artificial Saliva, 30 MI Pediculosis (Lice Infestation) Treatment, Topical, For Administration By Patient/Caretaker	Price By Report	ruicilase	
A8003 A8004 A9155 A9180	Soft Interface For Helmet, Replacement Only Artificial Saliva, 30 MI Pediculosis (Lice Infestation) Treatment, Topical, For Administration By	Price By Report Price By Report	Fulcilase	

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Code	Description	Fee	Purchase or Rental	Prior Auth Status
	External Ambulatory Insulin Delivery System, Disposable, Each, Includes All Supplies			
A9274	And Accessories	Price By Report		PA Required
A9275	Home Glucose Disposable Monitor, Includes Test Strips	Price By Report		
	Sensor; Invasive (E.G. Subcutaneous), Disposable, For Use With Interstitial Continuous			
A9276	Glucose Monitoring System, One Unit = 1 Day Supply	Price By Report		PA Required
A9277	Transmitter; External, For Use With Interstitial Continuous Glucose Monitoring System	Price By Report		PA Required
_	Receiver (Monitor); External, For Use With Interstitial Continuous Glucose Monitoring	, , , ,		
A9278	System	Price By Report		PA Required
710270	Monitoring Feature/Device, Stand-Alone Or Integrated, Any Type, Includes All	1 1100 By Roport		1777Toquilou
A9279	Accessories, Components And Electronics, Not Otherwise Classified	\$ 345.69	Purchase	
A9283		·	Fulcilase	
	Foot Pressure Off Loading/Supportive Device, Any Type, Each	Price By Report		
A9284	Spirometer, Non-Electronic, Includes All Accessories	Price By Report		
A9285	Inversion/Eversion Correction Device	Price By Report		
A9999	Miscellaneous Dme Supply Or Accessory, Not Otherwise Specified	Price By Report		
C1834	Pressure sensor system, im	Price By Report		
E0100	Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip	\$ 22.83	Purchase	
	Cane, Quad Or Three Prong, Includes Canes Of All Materials, Adjustable Or Fixed, With			
E0105	Tips	\$ 55.22	Purchase	
	Crutches, Forearm, Includes Crutches Of Various Materials, Adjustable Or Fixed, Pair,			
E0110	Complete With Tips And Handgrips	\$ 92.87	Purchase	
<u> </u>	Crutch Forearm, Includes Crutches Of Various Materials, Adjustable Or Fixed, Each,		-	<u> </u>
E0111	With Tip And Handgrips	\$ 59.02	Purchase	
	······································	ψ 00.02		
E0112	Crutches Underarm, Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips	\$ 43.23	Purchase	
E0113	Crutch Underarm, Wood, Adjustable Or Fixed, Each, With Pad, Tip And Handgrip	\$ 25.31	Purchase	+
E0444	Crutches Underarm, Other Than Wood, Adjustable Or Fixed, Pair, With Pads, Tips And	e 50 ::	Dh	
E0114	Handgrips	\$ 56.48	Purchase	
	Crutch, Underarm, Other Than Wood, Adjustable Or Fixed, With Pad, Tip, Handgrip,			
E0116	With Or Without Shock Absorber, Each	·	Purchase	
E0117	Crutch, Underarm, Articulating, Spring Assisted, Each	\$ 230.49	Purchase	
E0118	Crutch Substitute, Lower Leg Platform, With Or Without Wheels, Each	Price By Report		
E0130	Walker, Rigid (Pickup), Adjustable Or Fixed Height	\$ 61.88	Purchase	
E0135	Walker, Folding (Pickup), Adjustable Or Fixed Height	\$ 68.11	Purchase	
E0140	Walker, With Trunk Support, Adjustable Or Fixed Height, Any Type		Capped Rental	
E0141	Walker, Rigid, Wheeled, Adjustable Or Fixed Height		Purchase	1
E0143	Walker, Folding, Wheeled, Adjustable Or Fixed Height	· ·	Purchase	
L0143	Walker, Foldling, Wheeled, Adjustable Of Fixed Fleight	ψ 00.73	i dicilase	
E0444	Walker England Four Cided Framed Digid Or Folding Wheeled With Destarior Cook	¢ 200.07	Durahaaa	
E0144	Walker, Enclosed, Four Sided Framed, Rigid Or Folding, Wheeled With Posterior Seat		Purchase	
E0147	Walker, Heavy Duty, Multiple Braking System, Variable Wheel Resistance		Purchase	
E0148	Walker, Heavy Duty, Without Wheels, Rigid Or Folding, Any Type, Each	·	Purchase	
E0149	Walker, Heavy Duty, Wheeled, Rigid Or Folding, Any Type	·	Purchase	
E0153	Platform Attachment, Forearm Crutch, Each	\$ 71.21	Purchase	
E0154	Platform Attachment, Walker, Each		Purchase	
E0155	Wheel Attachment, Rigid Pick-Up Walker, Per Pair	\$ 28.05	Purchase	
E0156	Seat Attachment, Walker	\$ 20.46	Purchase	
E0157	Crutch Attachment, Walker, Each	\$ 73.88	Purchase	
E0158	Leg Extensions For Walker, Per Set Of Four (4)		Purchase	
E0159	Brake Attachment For Wheeled Walker, Replacement, Each	·	Purchase	<u> </u>
E0160	Sitz Type Bath, Portable, Fits Over Commode Seat		Purchase	1
E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	· ·	Purchase	
E0165	Commode Chair, Mobile Or Stationary, With Pixed Arms  Commode Chair, Mobile Or Stationary, With Detachable Arms			
		•	Purchase	
E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	\$ 13.29	Purchase	
F0465	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without			
E0168	Arms, Any Type, Each		Purchase	
E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	\$ 156.90		
E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	\$ 28.82	Capped Rental	
E0172	Seat Lift Mechanism Placed Over Or On Top Of Toilet, Any Type	Price By Report		
E0175	Foot Rest, For Use With Commode Chair, Each	\$ 79.27	Purchase	
	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes			
E0181	Heavy Duty	\$ 20.30	Capped Rental	
E0182	Pump For Alternating Pressure Pad, For Replacement Only		Capped Rental	<u> </u>
		÷ 22.00	ppod . torritar	
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	\$ 25.98	Capped Rental	
E0184	Dry Pressure Mattress		Purchase	+
	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width			
E0185			Purchase	+
E0186	Air Pressure Mattress Decubitus Ulcers		Purchase	
E0187	Water Pressure Mattress		Purchase	1
E0188	Synthetic Sheepskin Pad		Purchase	
E0189	Lambswool Sheepskin Pad, Any Size	\$ 52.87	Purchase	
	Positioning Cushion/Pillow/Wedge, Any Shape Or Size, Includes All Components And			
E0190	Accessories	Price By Report		
E0191	Heel Or Elbow Protector, Each		Purchase	
E0193	Powered Air Flotation Bed (Low Air Loss Therapy), Per Day		Capped Rental	PA Required

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	Description	Fee	Purchase or Rental	Prior Auth Status
E0194	Air Fluidized Bed	\$ 3,245.88		PA Required
E0196	Gel Pressure Mattress	*	Purchase	
E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	· ·	Purchase	
E0198	Water Pressure Pad For Mattress, Standard Mattress Length And Width	·	Purchase	
E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	\$ 36.37	Purchase	
E0200	Heat Lamp, Without Stand (Table Model), Includes Bulb, Or Infrared Element	\$ 80.66	Purchase	
E0202	Phototherapy (Bilirubin) Light With Photometer, Rental Per Day	\$ 66.38	Daily Rental	
E0203	Therapeutic Lightbox, Minimum 10,000 Lux, Table Top Model	Price By Report		PA Required
E0205	Heat Lamp, With Stand, Includes Bulb, Or Infrared Element		Capped Rental	
E0235	Paraffin Bath Unit, Portable (See Medical Supply Code A4265 For Paraffin)		Capped Rental	
E0240	Bath/Shower Chair, With Or Without Wheels, Any Size	·	Purchase	
E0244	Raised Toilet Seat	·	Purchase	
E0245	Tub Stool Or Bench	· ·	Purchase	
E0247	Transfer Bench For Tub Or Toilet With Or Without Commode Opening	Price By Report		
E0248	Transfer Bench, Heavy Duty, For Tub Or Toilet With Or Without Commode Opening	Price By Report		
E0249	Pad For Water Circulating Heat Unit, For Replacement Only	\$ 119.21	Purchase	
E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	\$ 64.31	Capped Rental	
E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	\$ 58.72	Capped Rental	
E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	*	Capped Rental	
E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress		Capped Rental	
L0230		ψ 05.73	Capped Iterital	
E0000	Hospital Bed, Seimi-Electric (Head And Foot Adjustment), With Any Type Side Rails,		Conned Destal	
E0260	With Mattress	\$ 89.20	Capped Rental	<b>_</b>
	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails,			
E0261	Without Mattress	\$ 87.66	Capped Rental	
	Hospital Bed, Total Electric (Head, Foot And Height Adjustments), With Any Type Side			
E0265	Rails, With Mattress	\$ 149.25	Capped Rental	
	Hospital Bed, Total Electric (Head, Foot And Height Adjustments), With Any Type Side			
E0266	Rails, Without Mattress	\$ 131.45	Capped Rental	
	Hospital Bed, Institutional Type Includes: Oscillating, Circulating And Stryker Frame,		1	
E0270	With Mattress	Price By Report		
E0271	Mattress, Innerspring		Purchase	
E0271	Mattress, Foam Rubber	·	Purchase	
	,	· ·	Purchase	
E0273	Bed Board	Price By Report		
E0275	Bed Pan, Standard, Metal Or Plastic	·	Purchase	
E0276	Bed Pan, Fracture, Metal Or Plastic	\$ 14.73	Purchase	
E0277	Powered Pressure-Reducing Air Mattress	\$ 392.90	Capped Rental	PA Required
E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	\$ 58.94	Capped Rental	
E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	\$ 44.21	Capped Rental	
E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	· ·	Capped Rental	
E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress		Capped Rental	
L0233		Ψ 37.17	Capped Iterital	
E0204	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With	¢ 04.07	Cannad Dantal	
E0294	Mattress			
		\$ 84.97	Capped Rental	
I=	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without			
E0295	Mattress		Capped Rental	
	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails,	\$ 83.53	Capped Rental	
E0295 E0296	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress	\$ 83.53 \$ 119.99		
	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails,	\$ 83.53 \$ 119.99	Capped Rental	
E0296	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress	\$ 83.53 \$ 119.99	Capped Rental Capped Rental	
E0296	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress	\$ 83.53 \$ 119.99	Capped Rental Capped Rental	
E0296 E0300	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds,	\$ 83.53 \$ 119.99 \$ 232.12	Capped Rental Capped Rental Capped Rental	
E0296	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	\$ 83.53 \$ 119.99	Capped Rental Capped Rental Capped Rental	
E0296 E0300	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77	Capped Rental Capped Rental Capped Rental Capped Rental	
E0296 E0300	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	\$ 83.53 \$ 119.99 \$ 232.12	Capped Rental Capped Rental Capped Rental Capped Rental	
E0296 E0300	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77	Capped Rental Capped Rental Capped Rental Capped Rental	
E0296 E0300 E0301 E0302	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds,	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77	Capped Rental Capped Rental Capped Rental Capped Rental Capped Rental	
E0296 E0300	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77	Capped Rental Capped Rental Capped Rental Capped Rental	
E0296 E0300 E0301 E0302 E0303	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77	Capped Rental Capped Rental Capped Rental Capped Rental Capped Rental Capped Rental	
E0296 E0300 E0301 E0302 E0303 E0304	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10	Capped Rental	
E0296 E0300 E0301 E0302 E0303 E0304 E0305	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17	Capped Rental	
E0296 E0300 E0301 E0302 E0303 E0304	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Full Length	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60	Capped Rental	
E0296 E0300 E0301 E0302 E0303 E0304 E0305	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60	Capped Rental	PA Required
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0310	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Full Length	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28	Capped Rental	PA Required
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0310 E0316 E0325	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Full Length Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type Urinal; Male, Jug-Type, Any Material	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28 \$ 10.30	Capped Rental Purchase Purchase	PA Required
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0310 E0316	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Full Length Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type Urinal; Male, Jug-Type, Any Material Urinal; Female, Jug-Type, Any Material	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28 \$ 10.30	Capped Rental Purchase Purchase	PA Required
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0316 E0316 E0325 E0326	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure  Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress  Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Full Length Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type Urinal; Male, Jug-Type, Any Material Urinal; Female, Jug-Type, Any Material Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard,	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28 \$ 10.30 \$ 11.79	Capped Rental Purchase Purchase	
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0310 E0316 E0325	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress  Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Full Length Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type Urinal; Male, Jug-Type, Any Material Urinal; Female, Jug-Type, Any Material Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28 \$ 10.30	Capped Rental Purchase Purchase	PA Required PA Required
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0316 E0316 E0325 E0326	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Full Length Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type Urinal; Male, Jug-Type, Any Material Urinal; Female, Jug-Type, Any Material Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side Enclosures, Top Of	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28 \$ 10.30 \$ 11.79	Capped Rental Purchase Purchase	
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0310 E0316 E0325 E0326 E0328	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Half Length Bed Side Rails, Full Length Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type Urinal; Male, Jug-Type, Any Material Urinal; Female, Jug-Type, Any Material Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28 \$ 10.30 \$ 11.79 Price By Report	Capped Rental Purchase Purchase	PA Required
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0310 E0316 E0325 E0326 E0328	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Full Length Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type Urinal; Male, Jug-Type, Any Material Urinal; Female, Jug-Type, Any Material Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28 \$ 10.30 \$ 11.79 Price By Report	Capped Rental Purchase Purchase	
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0310 E0316 E0325 E0326 E0328	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Half Length Bed Side Rails, Full Length Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type Urinal; Male, Jug-Type, Any Material Urinal; Female, Jug-Type, Any Material Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28 \$ 10.30 \$ 11.79 Price By Report	Capped Rental Purchase Purchase	PA Required
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0310 E0316 E0325 E0326 E0328	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Full Length Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type Urinal; Male, Jug-Type, Any Material Urinal; Female, Jug-Type, Any Material Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28 \$ 10.30 \$ 11.79 Price By Report	Capped Rental Purchase Purchase	PA Required
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0310 E0316 E0325 E0326 E0328	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Full Length Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type Urinal; Male, Jug-Type, Any Material Urinal; Female, Jug-Type, Any Material Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28 \$ 10.30 \$ 11.79 Price By Report	Capped Rental Purchase Purchase	PA Required
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0310 E0316 E0325 E0326 E0328	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Full Length Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type Urinal; Male, Jug-Type, Any Material Urinal; Female, Jug-Type, Any Material Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress Control Unit For Electronic Bowel Irrigation/Evacuation System	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28 \$ 10.30 \$ 11.79 Price By Report	Capped Rental Purchase Purchase	PA Required
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0310 E0316 E0325 E0328 E0328	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Half Length Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type Urinal; Male, Jug-Type, Any Material Urinal; Female, Jug-Type, Any Material Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress Control Unit For Electronic Bowel Irrigation/Evacuation System  Disposable Pack (Water Reservoir Bag, Speculum, Valving Mechanism And Collection	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28 \$ 10.30 \$ 11.79 Price By Report  Price By Report	Capped Rental Purchase Purchase	PA Required
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0316 E0325 E0326 E0328 E0329 E0350	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Half Length Bed Side Rails, Full Length Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type Urinal; Male, Jug-Type, Any Material Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress Control Unit For Electronic Bowel Irrigation/Evacuation System  Disposable Pack (Water Reservoir Bag, Speculum, Valving Mechanism And Collection Bag/Box) For Use With The Electronic Bowel Irrigation/Evacuation System	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28 \$ 10.30 \$ 11.79 Price By Report Price By Report Price By Report	Capped Rental Purchase Purchase	PA Required
E0296 E0300 E0301 E0302 E0303 E0304 E0305 E0310 E0316 E0325 E0328 E0328 E0329 E0350	Mattress Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure  Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress  Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress Bed Side Rails, Half Length Bed Side Rails, Full Length Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type Urinal; Male, Jug-Type, Any Material Urinal; Female, Jug-Type, Any Material Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress Control Unit For Electronic Bowel Irrigation/Evacuation System  Disposable Pack (Water Reservoir Bag, Speculum, Valving Mechanism And Collection Bag/Box) For Use With The Electronic Bowel Irrigation/Evacuation System	\$ 83.53 \$ 119.99 \$ 232.12 \$ 189.77 \$ 528.77 \$ 528.77 \$ 205.10 \$ 558.59 \$ 12.17 \$ 13.60 \$ 2,078.28 \$ 10.30 \$ 11.79 Price By Report	Capped Rental Purchase Purchase	PA Required

Codo	Decarintian	Foo	Durchasa ar Bantal	Drier Auth Status
Code E0372	Description Powered Air Overlay For Mattress, Standard Mattress Length And Width	Fee \$ 317.87	Purchase or Rental Capped Rental	Prior Auth Status
E0372	Nonpowered Advanced Pressure Reducing Mattress	· ·	Capped Rental	
E03/3	Nonpowered Advanced Plessure Reducing Mattless	\$ 350.95	Сарреи Кептаг	
E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing	\$ 148.03	Continuous Rental	
E0425	Stationary Compressed Gas System, Purchase; Includes Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing	Price By Report	Continuous remai	
	Portable Gaseous Oxygen System, Purchase; Includes Regulator, Flowmeter,	r nee by respon		
E0430	Humidifier, Cannula Or Mask, And Tubing Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator,	\$ 379.20	Purchase	
E0431	Flowmeter, Humidifier, Cannula Or Mask, And Tubing	\$ 26.41	Continuous Rental	
F0.400	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidfier,	d 45.40	Cantinua Dantal	
E0433	Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge	\$ 45.40	Continuous Rental	
E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing Portable Liquid Oxygen System, Purchase; Includes Portable Container, Supply	\$ 45.40	Continuous Rental	
E0435	Reservoir, Flowmeter, Humidifier, Contents Gauge, Cannula Or Mask, Tubing And Refill Adaptor	\$ 2,313.70	Purchase	
E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing	\$ 148.03	Continuous Rental	
E0440	Stationary Liquid Oxygen System, Purchase; Includes Use Of Reservoir, Contents Indicator, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing	\$ 4,214.40	Purchase	
E0441	Stationary Oxygen Contents, Gaseous, 1 Month'S Supply = 1 Unit		Purchase	
E0442	Stationary Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit		Purchase	
E0443	Portable Oxygen Contents, Gaseous, 1 Month'S Supply = 1 Unit		Purchase	
E0444	Portable Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit		Purchase	
E0445	Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively Topical Oxygen Delivery System, Not Otherwise Specified, Includes All Supplies And	\$ 243.17	Capped Rental	
E0446	Accessories	Price By Report		
E0447	Portable Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit, Prescribed Amount At Rest Or Nighttime Exceeds 4 Liters Per Minute (Lpm)		Purchase	
E0455	Oxygen Tent, Excluding Croup Or Pediatric Tents	Price By Report	T drondoo	
		у нерен		
E0465	Home Ventilator, Any Type, Used With Invasive Interface, (E.G., Tracheostomy Tube)	\$ 1,142.46	Continuous Rental	
E0466	Home Ventilator, Any Type, Used With Non-Invasive Interface, (E.G., Mask, Chest Shell)	\$ 1,142.46	Continuous Rental	
	Home Ventilator, Multi-Function Respiratory Device, Also Performs Any Or All Of The Additional Functions Of Oxygen Concentration, Drug Nebulization, Aspiration, And Cough Stimulation, Includes All Accessories, Components And Supplies For All			
E0467	Functions	\$ 1,342.34	Continuous Rental	
	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature,			
E0.470	Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device	404.50	0 10 11	
E0470	With Continuous Positive Airway Pressure Device) Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature,	\$ 161.59	Capped Rental	
E0471	Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	\$ 362.04	Capped Rental	
	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With			
E0472	Continuous Positive Airway Pressure Device)		Capped Rental	
E0480	Percussor, Electric Or Pneumatic, Home Model	\$ 43.84	Capped Rental	-
E0481 E0482	Intrapulmonary Percussive Ventilation System And Related Accessories  Cough Stimulating Device, Alternating Positive And Negative Airway Pressure	Price By Report \$ 420.64	Capped Rental	PA Required
_U-UZ	High Frequency Chest Wall Oscillation System, Includes All Accessories And Supplies,	Ψ 420.04	оаррои Копка	. A Required
E0483	Each	\$ 1,060.38	Capped Rental	PA Required
E0484	Oscillatory Positive Expiratory Pressure Device, Non-Electric, Any Type, Each	\$ 44.21	Purchase	<u> </u>
E0485	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adjustable Or Non-Adjustable, Prefabricated, Includes Fitting And Adjustment	Price By Report		
=0.455	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adjustable Or Non-	5. 5 -		
E0486	Adjustable, Custom Fabricated, Includes Fitting And Adjustment	Price By Report		-
E0487	Spirometer, Electronic, Includes All Accessories  Ippb Machine, All Types, With Built-In Nebulization; Manual Or Automatic Valves;	Price By Report		
E0500	Internal Or External Power Source	\$ 131.37	Capped Rental	
E0550	Humidifier, Durable For Extensive Supplemental Humidification During lppb Treatments Or Oxygen Delivery	\$ 50.01	Capped Rental	
E0555	Humidifier, Durable, Glass Or Autoclavable Plastic Bottle Type, For Use With Regulator Or Flowmeter	\$ 44.26	Purchase	
E0560	Humidifier, Durable For Supplemental Humidification During lppb Treatment Or Oxygen Delivery	\$ 176.92		
E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device		Purchase	
E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	\$ 19.51	Capped Rental	

Code	Description	Fee		Purchase or Rental	Prior Auth Status
	Compressor, Air Power Source For Equipment Which Is Not Self- Contained Or Cylinder				
E0565	Driven			Capped Rental	
E0570	Nebulizer, With Compressor			Purchase	
E0572	Aerosol Compressor, Adjustable Pressure, Light Duty For Intermittent Use			Capped Rental	
E0574	Ultrasonic/Electronic Aerosol Generator With Small Volume Nebulizer		39.59	Capped Rental	
E0575	Nebulizer, Ultrasonic, Large Volume	\$ 1	02.52	Capped Rental	
	Nebulizer, Durable, Glass Or Autoclavable Plastic, Bottle Type, For Use With Regulator				
E0580	Or Flowmeter	\$	11.51	Capped Rental	
E0585	Nebulizer, With Compressor And Heater	\$	28.25	Capped Rental	
E0600	Respiratory Suction Pump, Home Model, Portable Or Stationary, Electric	\$	44.78	Capped Rental	
E0601	Continuous Positive Airway Pressure (Cpap) Device	\$	67.58	Capped Rental	
E0602	Breast Pump, Manual			Purchase	
E0603	Breast Pump, Electric (Ac And/Or Dc), Any Type		35 43	Purchase	
	Breast Pump, Hospital Grade, Electric (Ac And / Or Dc), Any Type After 1 Month Must		00.10	1 41011400	
E0604	Have A Prior Authorization	\$	63 44	Capped Rental	
E0605	Vaporizer, Room Type			Purchase	
E0607	Home Blood Glucose Monitor			Purchase	
		•		Fulcilase	
E0616	Implantable Cardiac Event Recorder With Memory, Activator And Programmer	Price By R		0 10 11	
E0617	External Defibrillator With Integrated Electrocardiogram Analysis			Capped Rental	
E0618	Apnea Monitor, Without Recording Feature			Capped Rental	
E0619	Apnea Monitor, With Recording Feature			Capped Rental	
E0620	Skin Piercing Device For Collection Of Capillary Blood, Laser, Each			Purchase	
E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	\$	96.03	Purchase	
E0625	Patient Lift, Bathroom Or Toilet, Not Otherwise Classified	\$ 1,0	93.26	Purchase	
E0627	Seat Lift Mechanism, Electric, Any Type	\$	29.17	Capped Rental	
E0629	Seat Lift Mechanism, Non-Electric, Any Type	\$ 3	44.41	Purchase	
E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	\$	78.46	Capped Rental	
E0635	Patient Lift, Electric With Seat Or Sling		16.21		
		<u> </u>			
E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	\$ 9	90.46	Capped Rental	
E0637	Combination Sit To Stand System, Any Size Including Pediatric, With Seatlift Feature, With Or Without Wheels	Price By Re	eport		
	Standing Frame/Table System, One Position (E.G. Upright, Supine Or Prone Stander),	-			
E0638	Any Size Including Pediatric, With Or Without Wheels	Price By Re	eport		
	Patient Lift, Moveable From Room To Room With Disassembly And Reassembly,	,			
E0639	Includes All Components/Accessories	\$ 1	11 26	Capped Rental	
E0640	Patient Lift, Fixed System, Includes All Components/Accessories			Capped Rental	
L0040	Standing Frame/Table System, Multi-Position (E.G. Three-Way Stander), Any Size	Ψ '	11.20	Оарреа Пена	
E0641	Including Pediatric, With Or Without Wheels	Price By Ro	anort		
L00+1	moduling i calatile, with or without wheels	T fice By Itt	орон		
E0642	Standing Frame/Table System, Mobile (Dynamic Stander), Any Size Including Pediatric	Drice By D	oport		
E0650	Pneumatic Compressor, Non-Segmental Home Model	Price By Ro		Capped Rental	PA Required
E0030		Φ	71.03	Саррец Кептаг	r A Required
E0054	Pneumatic Compressor, Segmental Home Model Without Calibrated D Gradient	<b>.</b>	04.00	OI Dt-I	DA Daminad
E0651	Pressure			Capped Rental	PA Required
E0652	Pneumatic Compressor, Segmental Home Model With Calibrated Gradient Pressure	\$ 4	81.42	Capped Rental	PA Required
E0655	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Arm	\$ 1	29.19	Purchase	PA Required
	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Trunk			Purchase	
E0657	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Chest			Purchase	
E0660	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg		91.21	Purchase	PA Required
E0665	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm	\$ 1	63.97	Purchase	PA Required
E0666	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Leg		58.15	Purchase	PA Required
E0667	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg		29.38	Purchase	PA Required
E0668	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm			Purchase	PA Required
E0669	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Leg			Purchase	PA Required
	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Integrated, 2	_			- 1
E0670	Full Legs And Trunk	\$ 1,2	78.86	Purchase	
E0671	Segmental Gradient Pressure Pneumatic Appliance, Full Leg			Purchase	PA Required
E0671	Segmental Gradient Pressure Pneumatic Appliance, Full Leg Segmental Gradient Pressure Pneumatic Appliance, Full Arm			Purchase	PA Required
E0672				Purchase	PA Required PA Required
L00/3	Segmental Gradient Pressure Pneumatic Appliance, Half Leg	\$ 3	20.90	i uitilase	i A Nequired
E0675	Pneumatic Compression Device, High Pressure, Rapid Inflation/Deflation Cycle, For	¢ ~	02 54	Cannad Bastal	
E0675	Arterial Insufficiency (Unilateral Or Bilateral System)	\$ 3	83.54	Capped Rental	
F0070	Intermittent Limb Compression Device (Includes All Accessories), Not Otherwise	D.:. 5 -			
E0676	Specified	Price By Ro	_		
E0677	Non-pneumatic sequential compression garment, trunk	Price By Re	eport		
	Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection;				
E0691	Treatment Area 2 Square Feet Or Less	\$	89.63	Capped Rental	
	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye				
E0692	Protection, 4 Foot Panel	\$ 1	12.55	Capped Rental	
	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye				
E0693	Protection, 6 Foot Panel	\$ 1	38.74	Capped Rental	<u> </u>
	Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, Includes				
E0694	Bulbs/Lamps, Timer And Eye Protection	\$ 4	41.59	Capped Rental	
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Code E0705	Description Transfer Device Apy Type Feeb	Fee	Purchase or Rental	Prior Auth Status
E0705	Transfer Device, Any Type, Each Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized	\$ 54.13	Purchase	
E0720	Stimulation	\$ 21.48	Capped Rental	
L0720	Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For	Ψ 21.40	Саррец Пента	
E0730	Multiple Nerve Stimulation	\$ 21.66	Capped Rental	
E0744	Neuromuscular Stimulator For Scoliosis		Capped Rental	
E0745	Neuromuscular Stimulator, Electronic Shock Unit, Non-Clinical Model	·	Capped Rental	
E0747	Osteogenesis Stimulator, Electrical, Non-Invasive, Other Than Spinal Applications		Purchase	PA Required
E0748	Osteogenic Stimulator, Noninvasive, Spinal Applications		Purchase	PA Required
E0760	Ostogenesis Stimulator, Low Intensity Ultrasound, Non-Invasive	\$ 322.47	Capped Rental	PA Required
	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electromagnetic		11	'
E0761	Energy Treatment Device	Price By Report		
E0762	Transcutaneous Electrical Joint Stimulation Device System, Includes All Accessories	\$ 1,316.07	Purchase	
	Functional Neuromuscular Stimulation, Transcutaneous Stimulation Of Sequential			
	Muscle Groups Of Ambulation With Computer Control, Used For Walking By Spinal Cord			
E0764	Injured, Entire System, After Completion Of Training Program	\$ 13,245.48	Purchase	
	Fda Approved Nerve Stimulator, With Replaceable Batteries, For Treatment Of Nausea			
E0765	And Vomiting	\$ 100.69	Purchase	
	Electrical Stimulation Device Used For Cancer Treatment, Includes All Accessories, Any			
E0766	Туре	\$ 13,760.50	Purchase	
	Electrical Stimulation Or Electromagnetic Wound Treatment Device, Not Otherwise			
E0769	Classified	Price By Report		
	Functional Electrical Stimulator, Transcutaneous Stimulation Of Nerve And/Or Muscle			
E0770	Groups, Any Type, Complete System, Not Otherwise Specified	Price By Report		
E0776	Iv Pole	\$ 13.35	Capped Rental	
E0779	Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion 8 Hours Or Greater	\$ 16.46	Capped Rental	
E0780	Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion Less Than 8 Hours	\$ 12.41	Purchase	
	Ambulatory Infusion Pump, Single Or Multiple Channels, Electric Or Battery Operated,			
E0781	With Administrative Equipment, Worn By Patient	\$ 236.42	Capped Rental	
	Infusion Pump, Implantable, Non-Programmable (Includes All Components, E.G., Pump,			
E0782	Catheter, Connectors, Etc.)	\$ 4,367.93	Purchase	
	Infusion Pump System, Implantable, Programmable (Includes All Components, E.G.,			
E0783	Pump, Catheter, Connectors, Etc.)		Capped Rental	
E0784	External Ambulatory Infusion Pump, Insulin	\$ 4,810.95	Purchase	
	Implantable Intraspinal (Epidural/Intrathecal) Catheter Used With Implantable Infusion			
E0785	Pump, Replacement	\$ 565.54	Purchase	
	Implantable Programmable Infusion Pump, Replacement (Excludes Implantable			
E0786	Intraspinal Catheter)	\$ 9,558.09	Purchase	
	External Ambulatory Infusion Pump, Insulin, Dosage Rate Adjustment Using Therapeutic			
E0787	Continuous Glucose Sensing	Price By Report		PA Required
E0791	Parenteral Infusion Pump, Stationary, Single Or Multi-Channel	\$ 261.01	Capped Rental	
E0830	Ambulatory Traction Device, All Types, Each	Price By Report		
E0840	Traction Frame, Attached To Headboard, Cervical Traction	\$ 6.21	Capped Rental	
E0040	Traction Equipment, Cervical, Free-Standing Stand/Frame, Pneumatic, Applying Traction		0 15 11	
E0849	Force To Other Than Mandible		Capped Rental	
E0850	Traction Stand, Free Standing, Cervical Traction		Capped Rental	
E0855	Cervical Traction Equipment Not Requiring Additional Stand Or Frame		Capped Rental	
E0856	Cervical Traction Device, With Inflatable Air Bladder(S)		Purchase	
E0860	Traction Equipment, Overdoor, Cervical		Purchase	
E0870	Traction Frame, Attached To Footboard, Extremity Traction, (E.G. Buck'S)		Capped Rental	
E0880	Traction Stand, Free Standing, Extremity Traction		Capped Rental	-
E0890	Traction Frame, Attached To Footboard, Pelvic Traction		Capped Rental	1
E0900	Traction Stand, Free Standing, Pelvic Traction, (E.G., Buck'S)		Capped Rental	-
E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	\$ 13.34	Capped Rental	-
E0044	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds,	¢ 101 ==	Durch os -	
E0911	Attached To Bed, With Grab Bar	\$ 494.55	Purchase	
E0040	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free	¢ 4.054.00	Durchood	
E0912	Standing, Complete With Grab Bar		Purchase	-
E0920	Fracture Frame, Attached To Bed, Includes Weights		Capped Rental	
E0930	Fracture Frame, Free Standing, Includes Weights		Capped Rental	DA Daguiza d
E0935	Continuous Passive Motion Exercise Device For Use On Knee Only		Daily Rental	PA Required
E0936	Continuous Passive Motion Exercise Device For Use Other Than Knee		Purchase Conned Bental	PA Required
E0940	Trapeze Bar, Free Standing, Complete With Grab Bar		Capped Rental	
E0941	Gravity Assisted Traction Device, Any Type		Capped Rental	
E0942	Cervical Head Harness/Halter		Purchase	-
E0944	Pelvic Belt/Harness/Boot		Purchase	
E0945	Extremity Belt/Harness		Purchase	-
E00.47	Fracture Frame, Attachments For Complex Pelvic Traction		Capped Rental	-
E0947	IM/haalahair Aasaasan, Trou Fast	06.03	Purchase	ĺ
E0950	Wheelchair Accessory, Tray, Each			+
E0950 E0951	Heel Loop/Holder, Any Type, With Or Without Ankle Strap, Each	\$ 17.08	Purchase	
E0950	Heel Loop/Holder, Any Type, With Or Without Ankle Strap, Each Toe Loop/Holder, Any Type, Each	\$ 17.08		
E0950 E0951	Heel Loop/Holder, Any Type, With Or Without Ankle Strap, Each	\$ 17.08 \$ 18.28	Purchase	

Cada	Description	F	Durchase or Dental	Dries Austh Cteture
Code	Description	Fee	Purchase or Rental	Prior Auth Status
E0954	Wheelchair Accessory, Foot Box, Any Type, Includes Attachment And Mounting Hardware, Each Foot	\$ 59.84	Purchase	
L0934	Wheelchair Accessory, Headrest, Cushioned, Any Type, Including Fixed Mounting	φ 59.64	Fulcilase	
E0955	Hardware, Each	\$ 184.95	Purchase	
	Wheelchair Accessory, Lateral Trunk Or Hip Support, Any Type, Including Fixed	Ψ 101100	. aronass	
E0956	Mounting Hardware, Each	\$ 93.32	Purchase	
	Wheelchair Accessory, Medial Thigh Support, Any Type, Including Fixed Mounting	,		
E0957	Hardware, Each	\$ 137.98	Purchase	
E0958	Manual Wheelchair Accessory, One-Arm Drive Attachment, Each	\$ 469.80	Purchase	PA Required
E0959	Manual Wheelchair Accessory, Adapter For Amputee, Each	\$ 49.91	Purchase	
	Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type			
E0960	Mounting Hardware		Purchase	
E0961	Manual Wheelchair Accessory, Wheel Lock Brake Extension (Handle), Each	*	Purchase	
E0966	Manual Wheelchair Accessory, Headrest Extension, Each	\$ 77.48	Purchase	
	Manual Wheelchair Accessory, Hand Rim With Projections, Any Type, Replacement			
E0967	Only, Each		Capped Rental	
E0968	Commode Seat, Wheelchair		Purchase	
E0969	Narrowing Device, Wheelchair		Capped Rental	
E0970	No.2 Footplates, Except For Elevating Leg Rest		Purchase	
E0971	Manual Wheelchair Accessory, Anti-Tipping Device, Each	\$ 42.76	Purchase	
E0072	Wheelchair Accessory, Adjustable Height, Detachable Armrest, Complete Assembly,	¢ 05.00	Durchasa	
E0973	Each Manual Whoolchair Accessory Anti Pollhack Dovice, Each		Purchase	
E0974 E0978	Manual Wheelchair Accessory, Anti-Rollback Device, Each Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Strap, Each		Purchase Purchase	<del> </del>
E0978 E0980	Safety Vest, Wheelchair		Purchase	1
E0980 E0981	Wheelchair Accessory, Seat Upholstery, Replacement Only, Each		Purchase	<del> </del>
E0982	Wheelchair Accessory, Seat Opholstery, Replacement Only, Each	<u> </u>	Purchase	
E0985	Wheelchair Accessory, Seat Lift Mechanism		Purchase	
E0986	Manual Wheelchair Accessory, Push-Rim Activated Power Assist System		Purchase	PA Required
E0988	Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair	· ,	Capped Rental	r A Required
E0990	Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each		Capped Rental	
E0992	Solid Seat Insert		Purchase	
E0994	Arm Rest, Each		Purchase	
E0995	Wheelchair Accessory, Calf Rest/Pad, Replacement Only, Each	·	Purchase	
E1002	Wheelchair Accessory, Power Seating System, Tilt Only		Purchase	PA Required
	Tribolonian / 10000001, f. Tribol Ocuaning Operating time or my	Ψ 1,001.01	. aronaco	
E1003	Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction	\$ 4,505.40	Purchase	PA Required
	Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
E1004	Reduction	\$ 4,973.85	Purchase	PA Required
	Wheelchair Accessory, Power Seatng System, Recline Only, With Power Shear			
E1005	Reduction	\$ 5,412.15	Purchase	PA Required
	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, Without			
E1006	Shear Reduction	\$ 6,651.09	Purchase	PA Required
	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With			
E1007	Mechanical Shear Reduction	\$ 8,631.54	Purchase	PA Required
	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With			
E1008	Power Shear Reduction	\$ 8,737.92	Purchase	PA Required
E4000	Wheelchair Accessory, Addition To Power Seating System, Mechanically Linked Leg	D: D D .		DA D
E1009	Elevation System, Including Pushrod And Leg Rest, Each	Price By Report		PA Required
E4040	Wheelchair Accessory, Addition To Power Seating System, Power Leg Elevation	<b>.</b> 4.404.00	Durahasa	DA Danvinad
E1010	System, Including Leg Rest, Pair	\$ 1,164.69	Purchase	PA Required
E1011	Modification To Pediatric Size Wheelchair, Width Adjustment Package (Not To Be	Drice By Benert		
E1011	Dispensed With Initial Chair) Wheelchair Accessory, Addition To Power Seating System, Center Mount Power	Price By Report	+	<del> </del>
E1012	Elevating Leg Rest/Platform, Complete System, Any Type, Each	\$ 1,164.69	Purchase	PA Required
E1012	Reclining Back, Addition To Pediatric Size Wheelchair		Purchase	PA Required
E1015	Shock Absorber For Manual Wheelchair, Each	\$ 134.81		. A required
E1016	Shock Absorber For Power Wheelchair, Each	\$ 129.83		
	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wheelchair,	120.00		
E1017	Each	Price By Report		
F	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair,	/poit		
E1018	Each	Price By Report		
E1020	Residual Limb Support System For Wheelchair, Any Type	\$ 225.27	Purchase	
	Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting			
E1028	Hardware For Joystick, Other Control Interface Or Positioning Accessory	\$ 181.26	Purchase	
E1029	Wheelchair Accessory, Ventilator Tray, Fixed		Purchase	
E1030	Wheelchair Accessory, Ventilator Tray, Gimbaled		Purchase	PA Required
	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver,			<u> </u>
E1035	Patient Weight Capacity Up To And Including 300 Lbs	\$ 579.05	Capped Rental	
	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By			
E1036	Caregiver, Patient Weight Capacity Greater Than 300 Lbs	\$ 826.26	Capped Rental	
	Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating			
E1050	Leg Rests	\$ 1,219.05	Purchase	
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Code	Description	Fee	Purchase or Rental	Prior Auth Status
Code	Fully-Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away	ree	Furchase of Rental	Prior Auth Status
E1060	Detachable Elevating Legrests	\$ 1,508.76	Purchase	
E1070	Fully-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest	\$ 1,311.03	Purchase	
E1083	Hemi-Wheelchair, Fixed Full Length Arms, Swing Away Detach Able Elevating Leg Rest	\$ 942.39	Purchase	
E1084	Hemi-Wheelchair, Detachable Arms Desk Or Full Length Arms, Swing Away Detachable Elevating Leg Rests	\$ 1,149.93	Purchase	
E1087	High Strength Lightweight Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests	\$ 1,514.43	Purchase	
E1088	High Strength Lightweight Wheelchair, Detachable Arms Desk Or Full Length, Swing Away Detachable Elevating Leg Rests	\$ 1,804.59	Purchase	
E1089	High Strength Lightweight Wheelchair, Fixed Length Arms, Swing Away Detachable Footrest	\$ 1,128.72	Purchase	
E1092	Wide Heavy Duty Wheel Chair, Detachable Arms Desk Of Full Length, Swing Away Detachable Elevating Leg Rests	\$ 1,478.70	Purchase	
E1093	Wide Heavy Duty Wheelchair, Detachable Arms Desk Or Full Length Arms, Swing Away Detachable Footrests	\$ 1,322.82	Purchase	
E1100	Semi-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests	\$ 1,242.36	Purchase	
E4440		4 040 00		
E1110	Semi-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Leg Rest		Purchase	
E1160 E1161	Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests  Manual Adult Size Wheelchair, Includes Tilt In Space	·	Purchase Purchase	PA Required
	Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating	2,501.00	. 2.0200	
E1170	Legrests		Purchase	
E1171	Amputee Wheelchair, Fixed Full Length Arms, Without Footrests Or Legrest	\$ 959.31	Purchase	
E1172	Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Without Footrests Or Legrest	\$ 996.84	Purchase	
E1180	Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrests	\$ 1,070.01	Purchase	
E1190	Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Elevating Legrests	\$ 1,401.21	Purchase	
<b>-</b>	Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating			
E1195	Legrests		Purchase	
E1200	Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detach- Able Footrest	\$ 1,041.39	Purchase	
E1220	Wheelchair; Specially Sized Or Constructed, (Indicate Brand Name, Model Number, If Any) And Justification	Price By Report		
E1221	Wheelchair With Fixed Arm, Footrests		Capped Rental	
E1222	Wheelchair With Fixed Arm, Elevating Legrests		Capped Rental	
E1223	Wheelchair With Detachable Arms, Footrests		Capped Rental	
E1224	Wheelchair With Detachable Arms, Elevating Legrests	\$ 80.94	Capped Rental	
E1225	Wheelchair Accessory, Manual Semi-Reclining Back, (Recline Greater Than 15 Degrees, But Less Than 80 Degrees), Each	\$ 480.15	Purchase	PA Required
E1226	Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each	\$ 488.01	Purchase	PA Required
E1227	Special Height Arms For Wheelchair		Purchase	PA Required
E1228	Special Back Height For Wheelchair	· ·	Purchase	. /
E1229	Wheelchair, Pediatric Size, Not Otherwise Specified	Price By Report		
E1231	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, With Seating System	Price By Report		PA Required
E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System	\$ 2,559.69		PA Required
E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System		Purchase	PA Required
E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System		Purchase	PA Required
E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System		Purchase	PA Required
E1236 E1237	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System	. ,	Purchase Purchase	PA Required PA Required
E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System  Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System	\$ 1,961.37	Purchase	PA Required
E1239	Power Wheelchair, Pediatric Size, Not Otherwise Specified	Price By Report	. 3.0000	
E1240	Lightweight Wheelchair, Detachable Arms, (Desk Or Full Length) Swing Away Detachable, Elevating Legrest	, .	Purchase	
E1270	Lightweight Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests		Purchase	
E1280	Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests		Purchase	
E1285	Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest		Purchase	
E1295	Heavy Duty Wheelchair, Fixed Full Length Arms, Elevating Legrest		Purchase	
E1296	Special Wheelchair Seat Height From Floor	\$ 588.45	Purchase	
E1297	Special Wheelchair Seat Depth, By Upholstery	\$ 125.20	Purchase	
		\$ 431.01	Purchase	
E1298	Special Wheelchair Seat Depth And/Or Width, By Construction		n .	D 4 D
E1310	Whirlpool, Non-Portable (Built-In Type)	\$ 2,570.20	Purchase	PA Required
E1310 E1352		\$ 2,570.20 Price By Report		PA Required
E1310	Whirlpool, Non-Portable (Built-In Type) Oxygen Accessory, Flow Regulator Capable Of Positive Inspiratory Pressure	\$ 2,570.20 Price By Report	Purchase Purchase	PA Required

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Code	Description	Fee	Purchase or Rental	Prior Auth Status
E1355	Stand/Rack	\$ 25.54	Purchase	
E1356	Oxygen Accessory, Battery Pack/Cartridge For Portable Concentrator, Any Type, Replacement Only, Each	Price By Report		
	Oxygen Accessory, Battery Charger For Portable Concentrator, Any Type, Replacement			
E1357	Only, Each	Price By Report		
	Oxygen Accessory, Dc Power Adapter For Portable Concentrator, Any Type,			
E1358	Replacement Only, Each	Price By Report		
E1372	Immersion External Heater For Nebulizer	\$ 13.12	Capped Rental	
	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater			
E1390	Oxygen Concentration At The Prescribed Flow Rate	\$ 148.03	Continuous Rental	
	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater			
E1391	Oxygen Concentration At The Prescribed Flow Rate, Each	\$ 148.03	Rental	
E1392	Portable Oxygen Concentrator, Rental		Continuous Rental	
E1399	Durable Medical Equipment, Miscellaneous	Price By Report	Continuous rentai	
E1405	Oxygen And Water Vapor Enriching System With Heated Delivery		Dontol	
	Oxygen And Water Varian Emiching System With neated Delivery	\$ 181.94		
E1406	Oxygen And Water Vapor Enriching System Without Heated Delivery		Purchase	
E1500	Centrifuge, For Dialysis	Price By Report		
	Kidney, Dialysate Delivery Syst Kidney Machine, Pump Recirculating, Air Removal Syst,			
	Flowrate Meter, Power Off, Heater And Temperature Control With Alarm, I.V. Poles,			
E1510	Pressure Gauge, Concentrate Container	Price By Report		
E1520	Heparin Infusion Pump For Hemodialysis	Price By Report		
E1530	Air Bubble Detector For Hemodialysis, Each, Replacement	Price By Report		
E1540	Pressure Alarm For Hemodialysis, Each, Replacement	Price By Report		
E1550	Bath Conductivity Meter For Hemodialysis, Each	Price By Report		
E1560	Blood Leak Detector For Hemodialysis, Each, Replacement	Price By Report		1
E1570	Adjustable Chair, For Esrd Patients	Price By Report		+
E1570	•			
	Unipuncture Control System For Hemodialysis	Price By Report		-
E1590	Hemodialysis Machine	Price By Report		
E1592	Automatic Intermittent Peritoneal Dialysis System	Price By Report		
E1594	Cycler Dialysis Machine For Peritoneal Dialysis	Price By Report		
E1600	Delivery And/Or Installation Charges For Hemodialysis Equipment	Price By Report		
E1610	Reverse Osmosis Water Purification System, For Hemodialysis	Price By Report		
E1615	Deionizer Water Purification System, For Hemodialysis	Price By Report		
E1620	Blood Pump For Hemodialysis, Replacement	Price By Report		
E1625	Water Softening System, For Hemodialysis	Price By Report		
E1629	Tablo Hemodialysis System For The Billable Dialysis Service	Price By Report		
E1630	Reciprocating Peritoneal Dialysis System	Price By Report		
E1632	Wearable Artificial Kidney, Each			
	•	Price By Report		
E1634	Peritoneal Dialysis Clamps, Each	Price By Report		
E1635	Compact (Portable) Travel Hemodialyzer System	Price By Report		
E1636	Sorbent Cartridges, For Hemodialysis, Per 10	Price By Report		
E1637	Hemostats, Each	Price By Report		
E1699	Dialysis Equipment, Not Otherwise Specified	Price By Report		
E1700	Jaw Motion Rehabilitation System	\$ 412.83	Purchase	
E1701	Replacement Cushions For Jaw Motion Rehabilitation System, Pkg. Of 6	\$ 12.68	Purchase	
E1702	Replacement Measuring Scales For Jaw Motion Rehabilitation System, Pkg. Of 200	\$ 27.00	Purchase	
E1800	Dynamic Adjustable Elbow Extension/Flexion Device, Includes Soft Interface Material		Capped Rental	
	Static Progressive Stretch Elbow Device, Extension And/Or Flexion, With Or Without	* .==		
E1801	Range Of Motion Adjustment, Includes All Components And Accessories	\$ 126.23	Capped Rental	
L 1001	,	ψ 120.23	Саррец Кептаг	
E4000	Dynamic Adjustable Forearm Pronation/Supination Device, Includes Soft Interface	¢ 005.07	Conned Bantal	
E1802	Material	\$ 325.97	Capped Rental	
E400=			0 10 11	
E1805	Dynamic Adjustable Wrist Extension / Flexion Device, Includes Soft Interface Material	\$ 126.02	Capped Rental	
	Static Progressive Stretch Wrist Device, Flexion And/Or Extension, With Or Without		<u></u>	
E1806	Range Of Motion Adjustment, Includes All Components And Accessories	\$ 103.58	Capped Rental	
E1810	Dynamic Adjustable Knee Extension / Flexion Device, Includes Soft Interface Material	\$ 124.27	Capped Rental	
	Static Progressive Stretch Knee Device, Extension And/Or Flexion, With Or Without			
E1811	Range Of Motion Adjustment, Includes All Components And Accessories	\$ 131.21	Capped Rental	
E1812	Dynamic Knee, Extension/Flexion Device With Active Resistance Control	\$ 85.77	Capped Rental	
E1815	Dynamic Adjustable Ankle Extension/Flexion Device, Includes Soft Interface Material	\$ 126.02	Capped Rental	
	Static Progressive Stretch Ankle Device, Flexion And/Or Extension, With Or Without	120.02	- appear tornal	<u> </u>
E1816	Range Of Motion Adjustment, Includes All Components And Accessories	\$ 133.25	Capped Rental	
- 1010	- '	ψ 133.23	oapped Nellial	
E1010	Static Progressive Stretch Forearm Pronation / Supination Device, With Or Without	¢ 400.04	Conned Bantal	
E1818	Range Of Motion Adjustment, Includes All Components And Accessories	\$ 136.04	• • • • • • • • • • • • • • • • • • • •	
E1820	Replacement Soft Interface Material, Dynamic Adjustable Extension/Flexion Device	\$ 92.30	Purchase	
L	Replacement Soft Interface Material/Cuffs For Bi-Directional Static Progressive Stretch			
E1821	Device	\$ 125.96	Purchase	
E1825	Dynamic Adjustable Finger Extension/Flexion Device, Includes Soft Interface Material	\$ 126.02	Capped Rental	
E1830	Dynamic Adjustable Toe Extension/Flexion Device, Includes Soft Interface Material	\$ 126.02	Capped Rental	
	Static Progressive Stretch Toe Device, Extension And/Or Flexion, With Or Without			
E1831	Range Of Motion Adjustment, Includes All Components And Accessories	\$ 65.90	Capped Rental	
	1			•

Code	Description	Fee	Purchase or Rental	Prior Auth Status
Oouc	Dynamic Adjustable Shoulder Flexion / Abduction / Rotation Device, Includes Soft	100	r dronase or remar	1 Hor Autil Otatus
E1840	Interface Material Static Progressive Stretch Shoulder Device, With Or Without Range Of Motion	\$ 381.73	Capped Rental	
E1841	Adjustment, Includes All Components And Accessories	\$ 451.82	Capped Rental	
E1902	Communication Board, Non-Electronic Augmentative Or Alternative Communication Device	Price By Report		
E2000	Gastric Suction Pump, Home Model, Portable Or Stationary, Electric		Capped Rental	
E2100	Blood Glucose Monitor With Integrated Voice Synthesizer	\$ 769.81	Purchase	
E2101	Blood Glucose Monitor With Integrated Lancing/Blood Sample	\$ 225.68	Purchase	
E2102	Adjunctive Continuous Glucose Monitor Or Receiver	\$ 200.91	Purchase	PA Required
E2103	Non-adju cgm receiver/mon	\$ 253.02	Purchase	
E2120	Pulse Generator System For Tympanic Treatment Of Inner Ear Endolymphatic Fluid	\$ 282.79	Capped Rental	
E2201	Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches	\$ 393.46	Purchase	
E2202	Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches		Capped Rental	
	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22			
E2203 E2204	Inches  Manual Wheelsheir Accessory Nepstandard Sept Frame Donth, 22 To 25 Inches		Purchase Purchase	
E2204	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches Manual Wheelchair Accessory, Handrim Without Projections (Includes Ergonomic Or		Pulchase	
E2205	Contoured), Any Type, Replacement Only, Each  Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Replacement Only,	\$ 38.41	Purchase	
E2206	Each	•	Purchase	
E2207	Wheelchair Accessory, Crutch And Cane Holder, Each		Purchase	
E2208	Wheelchair Accessory, Cylinder Tank Carrier, Each		Purchase	
E2209	Arm Trough, With Or Without Hand Support, Each		Purchase	
E2210	Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each		Purchase	
E2211	Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each		Purchase	
E2212	Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each	\$ 6.89	Purchase	
E2213	Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each	\$ 34.29	Purchase	
E2213	Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each		Purchase	
E2215	Manual Wheelchair Accessory, Theornatic Caster Tire, Any Size, Each	·	Purchase	
E2216	Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size, Each		Purchase	
E2217	Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Each		Purchase	
E2218	Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each		Purchase	
E2219	Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each		Purchase	
E2219	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Propulsion Tire, Any Size,	Φ 43.34	Fulcilase	
E2220	Replacement Only, Each	\$ 30.93	Purchase	
E2221	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each	\$ 29.69	Purchase	
E2222	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only, Each	\$ 24.86	Purchase	
	Manual Wheelchair Accessory, Propulsion Wheel Excludes Tire, Any Size, Replacement			
E2224	Only, Each  Manual Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement	\$ 110.75	Purchase	
E2225	Only, Each	\$ 20.75	Purchase	
E2226	Manual Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each	\$ 44.37	Purchase	
E2227	Manual Wheelchair Accessory, Gear Reduction Drive Wheel, Each	\$ 2,239.11	Purchase	PA Required
E2228	Manual Wheelchair Accessory, Wheel Braking System And Lock, Complete, Each	\$ 1,084.77	Purchase	
E2231	Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware	\$ 168.60	Purchase	
E2291	Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Price By Report		
E2292	Seat, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Price By Report		
E2293	Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Price By Report		
E2294	Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Price By Report		
	Manual Wheelchair Accessory, For Pediatric Size Wheelchair, Dynamic Seating Frame,	, , , , , , , , , , , , , , , , , , ,		
E2295	Allows Coordinated Movement Of Multiple Positioning Features	Price By Report		PA Required
E2300	Wheelchair Accessory, Power Seat Elevation System, Any Type	Price By Report		PA Required
	Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller			<u> </u>
	And One Power Seating System Motor, Including All Related Electronics, Indicator			
E2310	Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware	\$ 1,163.97	Purchase	
	Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors, Including All Related Electronics,			
E2311	Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware	\$ 2,353.05	Purchase	
E2312	Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional Remote Joystick, Proportional, Including Fixed Mounting Hardware	\$ 2,413.62	Purchase	PA Required
E2313	Power Wheelchair Accessory, Harness For Upgrade To Expandable Controller, Including All Fasteners, Connectors And Mounting Hardware, Each		Purchase	
L2010	Power Wheelchair Accessory, Hand Control Interface, Remote Joystick,	ψ 303.49	i dicilase	
L	Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed			
E2321	Mounting Hardware	\$ 1,581.30	Purchase	PA Required

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Power Wheelchar Accessory, Attendant Control, Proportional, Including All Related E2340   Power Wheelchar Accessory, Annual Seal Frame Width, 20-23 Inches   \$ 428.00   Purchase   E2341   Power Wheelchar Accessory, Nonstandard Seal Frame Width, 20-27 Inches   \$ 434.00   Purchase   E2342   Power Wheelchar Accessory, Nonstandard Seal Frame Width, 2-27 Inches   \$ 536.19   Purchase   E2343   Power Wheelchar Accessory, Nonstandard Seal Frame Depth, 2-27 Inches   \$ 585.019   Purchase   E2349   Power Wheelchar Accessory, Nonstandard Seal Frame Depth, 2-27 Inches   \$ 587.02   Purchase   E2349   Power Wheelchar Accessory, Seal Seal Frame Depth, 2-27 Inches   \$ 587.02   Purchase   E2340   Power Wheelchar Accessory, Group 34 Non-Sealed Lead Acid Battery, Each   Price By Report   E2359   Power Wheelchar Accessory, Group 34 Sealed Lead Acid Battery, Each   \$ 196.52   E2360   Power Wheelchar Accessory, Group 34 Sealed Lead Acid Battery, Each   \$ 196.52   E2360   Power Wheelchar Accessory, Group 34 Sealed Lead Acid Battery, Each   \$ 196.52   E2360   Power Wheelchar Accessory, Group 24 Non-Sealed Lead Acid Battery, Each   \$ 108.25   E2360   Power Wheelchar Accessory, Group 24 Non-Sealed Lead Acid Battery, Each   \$ 108.25   E2360   Power Wheelchar Accessory, Group 24 Non-Sealed Lead Acid Battery, Each   \$ 108.25   E2360   Power Wheelchar Accessory, Group 24 Non-Sealed Lead Acid Battery, Each   \$ 108.25   E2360   Power Wheelchar Accessory, Group 24 Non-Sealed Lead Acid Battery, Each   \$ 108.25   E2360   Power Wheelchar Accessory, Group 24 Non-Sealed Lead Acid Battery, Each   \$ 108.25   E2360   Power Wheelchar Accessory, Group 24 Non-Sealed Lead Acid Battery, Each   \$ 108.25   E2360   Power Wheelchar Accessory, Group 24 Non-Sealed Lead Acid Battery, Each   \$ 108.25   E2360   Power Wheelchar Accessory, Group 25 Non-Sealed Lead Acid Battery, Each   \$ 108.25   E2360   Power Wheelchar Accessory, Battery Charger, Single Mode, For Use Wilh Either Battery   \$ 108.25   E2360   Power Wheelchar Accessory, Battery Charger, Single Mode, For U		Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical				
Electronics And Fixed Mounting Hardware   Price By Report	E2330		\$ 3,5	525.30	Purchase	PA Required
Power Wheelchiar Accessory, Nonstandard Seat Frame Witht, 20-22 Inches   \$428.0   Purchase		Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related				
Power Wheelchiar Accessory, Nonstandard Seat Frame Witht, 20-22 Inches   \$428.0   Purchase	E2331	Electronics And Fixed Mounting Hardware	Price By R	eport		PA Required
Power Wheelchiar Accessory, Nonstanderd Seat Frame Weith, 24-27 Inches \$ 538.19 Purchase   2342 Power Wheelchiar Accessory, Nonstanderd Seat Frame Depth, 20-22 Inches \$ 538.19 Purchase   2345 Power Wheelchiar Accessory, Nonstanderd Seat Frame Depth, 20-22 Inches \$ 538.19 Purchase   2456 Power Wheelchiar Accessory, Storpton Interface   2457 Power Wheelchiar Accessory, Storpton Ahor-Sealed Lead Acid Battery, Each   2458 Power Wheelchiar Accessory, Group 34 Sealed Lead Acid Battery, Each   2458 Power Wheelchiar Accessory, Group 34 Sealed Lead Acid Battery, Each   2458 Power Wheelchiar Accessory, 2007 34 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Seath Classifier)   2459 Power Wheelchiar Accessory, 2018 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Seath Classifier)   2450 Power Wheelchiar Accessory, Group 24 Nen-Sealed Lead Acid Battery, Each (E.G. Gel Cell, Seath Classifier)   2450 Power Wheelchiar Accessory, Group 24 Nen-Sealed Lead Acid Battery, Each (E.G. Gel Cell, Seath Classifier)   2450 Power Wheelchiar Accessory, Group 24 Nen-Sealed Lead Acid Battery, Each (E.G. Gel Cell, Seath Classifier)   2450 Power Wheelchiar Accessory, Group 24 Nen-Sealed Lead Acid Battery, Each (E.G. Gel Cell, Seath Classifier)   2450 Power Wheelchiar Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Seath Classifier)   2450 Power Wheelchiar Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Seath Classifier)   2450 Power Wheelchiar Accessory, Battery Charger, Single Mode, For Use With Clinton Power Wheelchiar Accessory, Battery Charger, Single Mode, For Use With Clinton Power Wheelchiar Accessory, Battery Charger, Dull Mode, For Use With Clinton Power Wheelchiar Component, Drive Wheel Motor, Replacement Only Sealed Classifier   2450 Power Wheelchiar Component, Drive Wheel Motor, Replacement Only Sealed Power Wheelchiar Component, Drive Wheel Motor And Gear Box Combination, Replacement Only Sealed Lead Acid Battery, (E.G. Gel Cell, Sealed Power Wheelchiar Accessory, Browner Wheel Motor And Gear B		-			Purchase	<u> </u>
Power Wheelchiar Accessory, Nonstandard Seal Frame Depth, 20 Or 21 Inches   \$ 588.19   Purchase		•	*			<u> </u>
Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each Power Wheelchair Accessory, 22 Mt Non-Sealed Lead Acid Battery, Each Power Wheelchair Accessory, 22 Mt Non-Sealed Lead Acid Battery, Each Power Wheelchair Accessory, 22 Mt Non-Sealed Lead Acid Battery, Each Power Wheelchair Accessory, 22 Mt Non-Sealed Lead Acid Battery, Each Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Chird Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Chird Power Wheelchair Component, Drive Wheel Motor, Replacement Only Power Wheelchair Component, Drive Wheel Motor, Replacement Only Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Either Battery Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Either Battery Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Either Battery Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Either Battery Power Wheelchai						+
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Device Using Power Wheelchair Control Interface  \$ 72.0.96   Purchase   PA Required	⊏2343	77	<b>Φ</b>	557.92	rurcnase	
Power Wheelchair Accessory, Group 34 Non-Sealed Lead Acid Battery, Each (E. G. Gel Cell, Prove Wheelchair Accessory, 22 N Non-Sealed Lead Acid Battery, Each (E. G. Gel Cell, \$134.47   Purchase Power Wheelchair Accessory, 22 N Non-Sealed Lead Acid Battery, Each (E. G. Gel Cell, Absorbed Glassmat)  E2361 Power Wheelchair Accessory, 22 N Non-Sealed Lead Acid Battery, Each (E. G. Gel Cell, Absorbed Glassmat)  E2362 Power Wheelchair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each (E. G. Gel Cell, Absorbed Glassmat)  E2363 Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E. G. Gel Cell, Purchase)  E2364 Absorbed Glassmat)  E2365 Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E. G. Gel Cell, Purchase)  E2366 Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each (E. G. Gel Cell, Purchase)  E2366 Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each (E. G. Gel Cell, Purchase)  E2366 Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each Power Wheelchair Component, Drive Wheel Motor, Replacement Only \$424.43, Purchase Power Wheelchair Component, Drive Wheel Motor, Replacement Only \$424.84, Purchase Power Wheelchair Component, Drive Wheel Gaer Box, Replacement Only \$424.85, Purchase Power Wheelchair Component, Drive Wheel Gaer Box, Replacement Only \$424.85, Purchase Power Wheelchair Component, Indepted Drive Wheel Motor And Gear Box Total Power Wheelchair Component, Drive Wheel Gaer Box, Replacement Only \$424.85, Purchase Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Power Wheelchair Component, Indepted Power Wheelchair Accessory, Sealed Or Chin Control Interface, Compact Remote Joystick (Not Including Controller, Including All Related Electronics And Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Standard Re			l _		L .	L
Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Power Wheelchair Accessory, 22 Nf Non-Sealed Lead Acid Battery, Each \$ 134.47 Purchase Power Wheelchair Accessory, 22 Nf Non-Sealed Lead Acid Battery, Each \$ 134.47 Purchase Power Wheelchair Accessory, 22 Nf Non-Sealed Lead Acid Battery, Each \$ 134.42 Purchase Power Wheelchair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each (E.G. Gel Cell, Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) Power Wheelchair Accessory, University of the State of Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) Power Wheelchair Accessory, University of Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) Power Wheelchair Accessory, University One Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) Power Wheelchair Accessory, University One Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Charger, Single Mode, For Use With Only One Battery Charger, Single Mode, For Use With Either Battery Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Power Wheelchair Charger, Single Wheel Motor, Replacement Only \$ 422.43 Purchase Power Wheelchair Component, Drive Wheel Gara Box, Replacement Only \$ 446.24 Purchase Power Wheelchair Component, Drive Wheel Gara Box, Replacement Only \$ 462.49 Purchase Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, Each Price By Report Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, Each Price By Report Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Power Wheelchair Accessory, Non-Sealed Controller, Including All Relat	E2351		\$	720.96	Purchase	PA Required
Absorbed Glassmat    S 196.52   Purchase	E2358	Power Wheelchair Accessory, Group 34 Non-Sealed Lead Acid Battery, Each	Price By R	eport		
Absorbed Glassmat    S 196.52   Purchase		Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (E.G. Gel Cell,		•		
Power Wheelchair Accessory, 22 Mf Non-Sealed Lead Acid Battery, Each   \$ 134.47 Purchase   Power Wheelchair Accessory, 22 Mf Sealed Lead Acid Battery, Each, (E.G. Gel Cell, Absorbed Glassmat)   Power Wheelchair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each (E.G. Gel Cell, Seasons)   Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Seasons)   Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Seasons)   Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each (E.G. Gel Cell, Seasons)   Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Seasons)   Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each   Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each   Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery   Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery   Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Condens   Power Wheelchair Accessory, Brown Wheel Motor, Replacement Only   Power Wheelchair Component, Drive Wheel Motor, Replacement Only   Power Wheelchair Component, Drive Wheel Motor, And Gear Box   Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Seasons, Capiter Component, Drive Wheel Motor, And Gear Box   Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote   Power Wheelchair Accessory, Kapandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only   Power Wheelchair Accessory, Expandable Controller, Includ	E2359		\$	196.52	Purchase	
Power Wheelchair Accessory, 22NI Sealed Lead Acid Battery, Each, (E.G. Gel Cell, Season Commentary)   Power Wheelchair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One   Battery Type, Sealed Or Non-Sealed, Each   Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery   Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery   Power Wheelchair Component, Drive Wheel Motor, Replacement Only   Power Wheelchair Component, Drive Wheel Motor And Gear Box   Power Wheelchair Component, Drive Wheel Motor And Gear Box   Power Wheelchair Component, Drive Wheel Motor And Gear Box   Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, Group 70 Non-Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, Group 70 Non-Sealed Lead Acid Battery, Each   Power Wheelchair Accessory, Rord Or Chin Control Interface, Compact Remote   Joystick, Proportional, Including Fixed Mounting Hardware   Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics   And Mounting Hardware, Replacement Only   Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics   And Mounting Hardware, Replacement Only   Power Wheelchair Accessory, The Portided At Initial Issue   E2378 Power Whe		,				
Absorbed Glassmat    S   134.42   Purchase	L2300	· · · · · · · · · · · · · · · · · · ·	Ψ	104.47	i dicilase	
Power Wheelchair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each   \$ 108.25   Purchase   Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)   \$ 174.82   Purchase   Power Wheelchair Accessory, U-T Non-Sealed Lead Acid Battery, Each (E.G. Gel Cell, Power Wheelchair Accessory, U-T Non-Sealed Lead Acid Battery, Each (E.G. Gel Cell, Power Wheelchair Accessory, U-T Non-Sealed Lead Acid Battery, Each (E.G. Gel Cell, Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each   \$ 99.33   Purchase   Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each   \$ 222.53   Purchase   Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery   \$ 424.33   Purchase   Power Wheelchair Component, Drive Wheel Motor, Replacement Only   \$ 492.48   Purchase   Power Wheelchair Component, Drive Wheel Gare Box, Replacement Only   \$ 404.22   Purchase   Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmat), Each   Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, Each   Price By Report   Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each   Price By Report   Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote   Joystick (Not Including Controller), Proportional, Including Fixed Mounting Hardware   \$ 828.90   Purchase   Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote   Joystick (Not Including Controller), Proportional, Including All Related Electronics And Mounting Hardware, Replacement Only   \$ 133.39.   Purchase   Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics   \$ 488.16   Purchase   Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics   \$ 488.16   Purchase   Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only	E0064		r .	124 42	Durahaaa	
Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)   \$ 174.82   Purchase		,				
Absorbed Glassmat	E2362		\$	108.25	Purchase	
Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each   \$ 130.44   Purchase		Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell,				
Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)   Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each   \$222.53   Purchase	E2363	Absorbed Glassmat)		174.82	Purchase	
Absorbed Glassmat)   S 99.33   Purchase	E2364	Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each	\$	130.44	Purchase	
Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each \$ 424.33 Purchase Power Wheelchair Component, Drive Wheel Motor, Replacement Only \$ 424.34 Purchase Power Wheelchair Component, Drive Wheel Gear Box, Replacement Only \$ 446.22 Purchase Power Wheelchair Component, Integrated Drive Wheel Motor And Gear Box Power Wheelchair Component, Integrated Drive Wheel Motor And Gear Box Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmat), Each Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, (E.G. Gel Cell, Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Flat Mounting Hardware, Replacement Only Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Incented Provided At Initial Issue Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelcha		Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G. Gel Cell,				
Battery Type, Sealed Or Non-Sealed, Each   Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery   \$42.43 Purchase	E2365	Absorbed Glassmat)	\$	99.33	Purchase	
Battery Type, Sealed Or Non-Sealed, Each   Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery   \$42.43 Purchase		,				
Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each Type, Sealed Or Non-Sealed, Each Power Wheelchair Component, Drive Wheel Motor, Replacement Only Power Wheelchair Component, Drive Wheel Gear Box, Replacement Only Power Wheelchair Component, Integrated Drive Wheel Motor And Gear Box Combination, Replacement Only Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Combination, Replacement Only Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, (E.G. Gel Cell, Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Joystick, Proportional, Including Fixed Mounting Hardware Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All Related Electronics And Fixed Mounting Hardware, Replacement Only Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Explacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Explacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Explacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire, Any Size, Replacement Power Wheelchair A	F2366		\$ 2	222 53	Purchase	
Type, Sealed Or Non-Sealed, Each   \$ 424.33   Purchase			Ψ .	-22.00	- uronado	
E2368   Power Wheelchair Component, Drive Wheel Motor, Replacement Only   \$ 492.48   Purchase	E0067		œ.	101 00	Durahaaa	
E2369 Power Wheelchair Component, Drive Wheel Gear Box, Replacement Only Power Wheelchair Component, Integrated Drive Wheel Motor And Gear Box Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmath, Each Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Joystick, Proportional, Including Fixed Mounting Hardware Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All Related Electronics And Fixed Mounting Hardware, Replacement Only Power Wheelchair Accessory, Non-Expandable Controller, Including All Related E2375 Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Lypgrade Provided At Initial Issue Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue Power Wheelchair Accessory, Pepandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue Power Wheelchair Accessory, Pepandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue Power Wheelchair Accessory, Pepandable Controller, Including All Related Electronics And Mounting Hardware, Seplacement Only Power Wheelchair Accessory, Pepandable Controller, Including All Related Electronics And Mounting Hardware, Pepandable Controller, Including All Related Electronics						
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E2370 Combination, Replacement Only Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, \$ 155.01 Purchase  Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Joystick, Proportional, Including Fixed Mounting Hardware Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Joystick, (Not Including Controller), Proportional, Including All Related Electronics And Fixed Mounting Hardware, Replacement Only Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each Power Wheelchair Accessory, Inbe For Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any Type, Any Size, Replacement Only, Each Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement Power Wheelchair Accessory, Tube For	E2369	Power Wheelchair Component, Drive Wheel Gear Box, Replacement Only	\$ 4	146.22	Purchase	
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Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement  Solution 2019, Each  Power Wheelchair Accessory, Tube For Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each  Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any Type, Any Size, Replacement Only, Each  Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, E2384  Each  Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement  Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement  Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement		0 10				<del> </del>
E2381 Only, Each \$ 72.29 Purchase  Power Wheelchair Accessory, Tube For Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each \$ 19.94 Purchase  Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any Type, Any Size, Replacement Only, Each \$ 147.65 Purchase  Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, E2384 Each \$ 74.99 Purchase  Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement	L2310	·	Ψ	J 10.02	i dicilase	+
Power Wheelchair Accessory, Tube For Pneumatic Drive Wheel Tire, Any Size,  Replacement Only, Each  Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any Type, Any Size, Replacement Only, Each  Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each  Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Fach  Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement  Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement	E0004		<u></u>	70.00	Dh	
E2382 Replacement Only, Each Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any Type, Any Size, Replacement Only, Each Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, E2384 Each Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement	⊏∠381		Ф	12.29	rurcnase	ļ
Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any Type, Any Size, Replacement Only, Each  Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each  Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement  Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement  Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement			1.			
E2383 Type, Any Size, Replacement Only, Each \$ 147.65 Purchase  Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, E2384 Each \$ 74.99 Purchase  Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement	E2382		\$	19.94	Purchase	
E2383 Type, Any Size, Replacement Only, Each \$ 147.65 Purchase  Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, E2384 Each \$ 74.99 Purchase  Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement		Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any				
Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only,  Each \$ 74.99 Purchase  Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement	E2383		\$	147.65	Purchase	
E2384 Each \$ 74.99 Purchase  Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement						1
Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement	E2384		\$	74 99	Purchase	
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Crity, Lacit 9 47.70 Pulchase	E2295		¢	47.70	Purchase	
	L2300	Only, Laur	Ψ	+1.10	i uiciiase	<u> </u>

0-1-	Description	F	D D D tol	Duine Auth Otatus
Code	Description 5	Fee	Purchase or Rental	Prior Auth Status
F0000	Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement	400.07	<b>.</b>	
E2386	Only, Each	\$ 132.97	Purchase	
F0007	Power Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Replacement Only,		<b>D</b> 1	
E2387	Each F. B. Miller I.T. A. G. B. J. C. C.	\$ 60.11	Purchase	
E0000	Power Wheelchair Accessory, Foam Drive Wheel Tire, Any Size, Replacement Only,	<b>.</b>	Dl	
E2388	Each		Purchase	
E2389	Power Wheelchair Accessory, Foam Caster Tire, Any Size, Replacement Only, Each	\$ 27.86	Purchase	
E0000	Power Wheelchair Accessory, Solid (Rubber/Plastic) Drive Wheel Tire, Any Size,	<b>.</b> 40.04	Dl	
E2390	Replacement Only, Each	\$ 43.34	Purchase	
E2204	Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each	\$ 20.32	Durahaaa	
E2391	Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel,	\$ 20.32	Purchase	
E2392	, , ,	\$ 51.11	Purchase	
L2392	Any Size, Replacement Only, Each Power Wheelchair Accessory, Drive Wheel Excludes Tire, Any Size, Replacement Only,	Φ 31.11	Fulcilase	
E2394	Each	\$ 71.76	Purchase	
L2334	Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement	Ψ 71.70	i dicitase	
E2395	Only, Each	\$ 52.22	Purchase	
E2396	Power Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each		Purchase	
E2397	Power Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each	· ·	Purchase	
E2398	Wheelchair Accessory, Dynamic Positioning Hardware For Back	Price By Report	i dionasc	PA Required
E2402	Negative Pressure Wound Therapy Electrical Pump, Stationary Or Portable		Capped Rental	PA Required
LZ40Z	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Less	Ψ 1,047.71	Сарреи Кептаг	i A Required
E2500	Than Or Equal To 8 Minutes Recording Time	\$ 468.04	Purchase	PA Required
	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater	Ψ 400.04	i uitilase	i // ivedanea
E2504	Than 20 Minutes But Less Than Or Equal To 40 Minutes Recording Time	\$ 1,887.99	Purchase	PA Required
	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater	Ψ 1,007.33	i dionaso	. A Roquired
E2506	Than 40 Minutes Recording Time	\$ 2,768.34	Purchase	PA Required
	Speech Generating Device, Synthesized Speech, Requiring Message Formulation By	Ψ 2,100.34	a di di lado	. A required
E2508	Spelling And Access By Physical Contact With The Device	\$ 4,280.78	Purchase	PA Required
L2300	Speech Generating Device, Synthesized Speech, Permitting Multiple Methods Of	Ψ 4,200.70	i dicilase	i A Required
E2510	Message Formulation And Multiple Methods Of Device Access	\$ 8,100.81	Purchase	PA Required
L2510	Speech Generating Software Program, For Personal Computer Or Personal Digital	Ψ 0,100.01	i dionasc	1 / Required
E2511	Assistant	\$ 32.43	Purchase	PA Required
E2512	Accessory For Speech Generating Device, Mounting System		Purchase	PA Required
E2599	Accessory For Speech Generating Device, Not Otherwise Classified		Purchase	PA Required
E2601	General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	·	Purchase	1 // required
E2602	General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth		Purchase	
E2603	Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth		Purchase	
E2604	Skin Protection Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth		Purchase	
E2605	Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	· ·	Purchase	
E2606	Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth		Purchase	
L2000	Skin Protection And Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches,	Ψ 402.02	i dicitase	
E2607	Any Depth	\$ 261.95	Purchase	
	Skin Protection And Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater,	Ψ 201.00	1 dionaco	
E2608	Any Depth	\$ 321.20	Purchase	
E2609	Custom Fabricated Wheelchair Seat Cushion, Any Size	Price By Report	T dronado	PA Required
E2610	Wheelchair Seat Cushion, Powered	Price By Report		17t toquilou
	General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height,	T Hoo By Proport		
E2611	Including Any Type Mounting Hardware	\$ 247.65	Purchase	
	General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height,	* = :::::		
E2612	Including Any Type Mounting Hardware	\$ 386.85	Purchase	
<u> </u>	Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any			
E2613	Height, Including Any Type Mounting Hardware	\$ 373.66	Purchase	
	Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any			
E2614	Height, Including Any Type Mounting Hardware	\$ 532.76	Purchase	
	Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches,			
E2615	Any Height, Including Any Type Mounting Hardware	\$ 428.28	Purchase	
	Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater,			
E2616	Any Height, Including Any Type Mounting Hardware	\$ 576.51	Purchase	
	Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type Mounting			
E2617	Hardware	Price By Report		PA Required
E2619	Replacement Cover For Wheelchair Seat Cushion Or Back Cushion, Each		Purchase	
	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less			
E2620	Than 22 Inches, Any Height, Including Any Type Mounting Hardware	\$ 491.48	Purchase	
	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22			
E2621	Inches Or Greater, Any Height, Including Any Type Mounting Hardware	\$ 544.01	Purchase	
	Skin Protection Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any			
E2622	Depth	\$ 331.52	Purchase	
	Skin Protection Wheelchair Seat Cushion, Adjustable, Width 22 Inches Or Greater Any			
E2623	Depth	\$ 420.59	Purchase	
	Skin Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width Less Than			
E2624	22 Inches, Any Depth	\$ 335.53	Purchase	
	Skin Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width 22 Or			
E2625	Greater, Any Depth	\$ 420.14	Purchase	

Codo	Description	Eco	Durchaca or Pantal	Prior Auth Ctatus
Code	Description  Wheelchair Accessory Shoulder Elbow Mobile Arm Support Attached To Wheelchair	Fee	Purchase or Rental	Prior Auth Status
E2626	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable	\$ 631.91	Purchase	
	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair,	ψ 031.91	i diviidae	
E2627	Balanced, Adjustable Rancho Type	\$ 1,008.32	Purchase	
	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair,			
E2628	Balanced, Reclining	\$ 759.60	Purchase	
F2620	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair,	ф 064.0E	Durchaga	
E2629	Balanced, Friction Arm Support (Friction Dampening To Proximal And Distal Joints)  Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support, Monosuspension Arm And	\$ 961.25	Purchase	
	Hand Support, Overhead Elbow Forearm Hand Sling Support, Yoke Type Suspension			
E2630	Support	\$ 672.20	Purchase	
E2631	Wheelchair Accessory, Addition To Mobile Arm Support, Elevating Proximal Arm		Purchase	
	Wheelchair Accessory, Addition To Mobile Arm Support, Offset Or Lateral Rocker Arm			
E2632	With Elastic Balance Control	\$ 170.98	Purchase	
E2633	Wheelchair Accessory, Addition To Mobile Arm Support, Supinator	\$ 145.03	Purchase	
F0000	Gait Trainer, Pediatric Size, Posterior Support, Includes All Accessories And	Deite - De Dement		DA Danisina d
E8000	Components	Price By Report		PA Required
E8001	Gait Trainer, Pediatric Size, Upright Support, Includes All Accessories And Components	Price By Report		PA Required
L0001	Call Trainer, Fediatile Size, Opright Support, includes All Accessories And Components	Tilde by Report		1 A Required
E8002	Gait Trainer, Pediatric Size, Anterior Support, Includes All Accessories And Components	Price By Report		PA Required
K0001	Standard Wheelchair		Capped Rental	
K0002	Standard Hemi (Low Seat) Wheelchair		Capped Rental	PA Required
K0003	Lightweight Wheelchair		Capped Rental	PA Required
K0004	High Strength, Lightweight Wheelchair		Capped Rental	PA Required
K0005	Ultralightweight Wheelchair		Purchase	PA Required
K0006	Heavy Duty Wheelchair		Capped Rental	PA Required
K0007	Extra Heavy Duty Wheelchair	\$ 128.60	Capped Rental	PA Required
K0008 K0010	Custom Manual Wheelchair/Base Standard - Weight Frame Motorized/Power Wheelchair	Price By Report	Conned Dental	DA Doguirod
KUUTU	Standard - Weight Frame Motorized/Power Wheelchair With Programmable Control	\$ 424.88	Capped Rental	PA Required
	Parameters For Speed Adjustment, Tremor Dampening, Acceleration Control And			
K0011	Braking	\$ 510.92	Capped Rental	PA Required
K0012	Lightweight Portable Motorized/Power Wheelchair	\$ 317.83		PA Required
K0013	Custom Motorized/Power Wheelchair Base	Price By Report		PA Required
K0014	Other Motorized/Power Wheelchair Base	Price By Report		PA Required
K0015	Detachable, Non-Adjustable Height Armrest, Replacement Only, Each	\$ 170.64	Purchase	
K0017	Detachable, Adjustable Height Armrest, Base, Replacement Only, Each	\$ 50.28	Purchase	
K0018	Detachable, Adjustable Height Armrest, Upper Portion, Replacement Only, Each		Purchase	
K0019	Arm Pad, Replacement Only, Each		Purchase	
K0020	Fixed, Adjustable Height Armrest, Pair		Purchase	
K0037	High Mount Flip-Up Footrest, Each	·	Purchase	
K0038 K0039	Leg Strap, Each Leg Strap, H Style, Each		Purchase	
K0039	Adjustable Angle Footplate, Each		Purchase Purchase	
K0040	Large Size Footplate, Each	·	Purchase	
K0041	Standard Size Footplate, Replacement Only, Each		Purchase	
	Footrest, Lower Extension Tube, Replacement Only, Each		Purchase	
K0044	Footrest, Upper Hanger Bracket, Replacement Only, Each		Purchase	
K0045	Footrest, Complete Assembly, Replacement Only, Each		Purchase	
K0046	Elevating Legrest, Lower Extension Tube, Replacement Only, Each		Purchase	
K0047	Elevating Legrest, Upper Hanger Bracket, Replacement Only, Each		Purchase	
K0050	Ratchet Assembly, Replacement Only		Purchase	
K0051	Cam Release Assembly, Footrest Or Legrest, Replacement Only, Each		Purchase	
K0052	Swingaway, Detachable Footrests, Replacement Only, Each		Purchase	
K0053	Elevating Footrests, Articulating (Telescoping), Each	\$ 98.55	Purchase	
KOOFO	Seat Height Less Than 17" Or Equal To Or Greater Than 21" For A High Strength,	d 400.43	Durch on -	
K0056 K0065	Lightweight, Or Ultralightweight Wheelchair		Purchase	
1,000	Spoke Protectors, Each Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Replacement	φ 52.11	Purchase	
K0069	Only, Each	\$ 111.21	Purchase	
12000	Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
K0070	Replacement Only, Each	\$ 181.08	Purchase	
110070	Front Caster Assembly, Complete, With Pneumatic Tire, Replacement Only, Each		Purchase	
K0071	i font Caster Assembly, Complete, With Friedmatic file, Replacement Only, Lach		1	1
	Tront Caster Assembly, Complete, With Friedmatic Tire, Replacement Only, Lacin			
	Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Replacement Only, Each		Purchase	
K0071 K0072 K0073	Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Replacement Only, Each Caster Pin Lock, Each	\$ 39.37	Purchase	
K0071 K0072 K0073 K0077	Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Replacement Only, Each Caster Pin Lock,Each Front Caster Assembly, Complete, With Solid Tire, Replacement Only, Each	\$ 39.37 \$ 64.35	Purchase Purchase	
K0071 K0072 K0073 K0077 K0098	Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Replacement Only, Each Caster Pin Lock, Each Front Caster Assembly, Complete, With Solid Tire, Replacement Only, Each Drive Belt For Power Wheelchair, Replacement Only	\$ 39.37 \$ 64.35 \$ 26.70	Purchase Purchase Purchase	
K0071 K0072 K0073 K0077 K0098 K0105	Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Replacement Only, Each Caster Pin Lock, Each Front Caster Assembly, Complete, With Solid Tire, Replacement Only, Each Drive Belt For Power Wheelchair, Replacement Only Iv Hanger, Each	\$ 39.37 \$ 64.35 \$ 26.70 \$ 113.67	Purchase Purchase	
K0071 K0072 K0073 K0077 K0098	Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Replacement Only, Each Caster Pin Lock, Each Front Caster Assembly, Complete, With Solid Tire, Replacement Only, Each Drive Belt For Power Wheelchair, Replacement Only	\$ 39.37 \$ 64.35 \$ 26.70 \$ 113.67 Price By Report	Purchase Purchase Purchase	PA Required

Code Description Infusion Pump Used For Uninterrupted Parenteral Administration Of Medication, (E.G., Epoprostenol Or Treprostinol) K0462 Epoprostenol Or Treprostinol K0462 Spoprostenol Or Treprostinol K0462 Supplies For External Non-Insulin Drug Infusion Pump, Syringe Type Cartridge, Sterile, Supplies For External Non-Insulin Drug Infusion Pump, Syringe Type Cartridge, Sterile, S. 3.01 Furchase K0602 Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 3 Volt, Seach Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 3 Volt, Seach Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, Seach Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, Seach Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, Seach Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.6 Volt, Seach Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.6 Volt, Seach Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.6 Volt, Seach Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.6 Volt, Seach Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.6 Volt, Seach Replacement Battery For Automated External Defibrillator, Garment Type Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Replacement Statery For Automated External Defibrillator, Garment Type Replacement Statery For Automated External Defibrillator, Garment Type Replacement Statery For Substitution Pump Defibrillator, For Substitution Pump Defibri	
Kod45   Epoprostenol Or Treprostinol)   \$ 310.89   Continuous Rent   Kod462   Temporary Replacement For Patient Owned Quipment Being Repaired, Any Type	tal
Kodé2   Temporary Replacement For Patient Owned Gujurnent Being Repaired, Any Type   Price By Report	
Supplies For External Non-Insulin Drug Infusion Pump, Syringe Type Cartridge, Sterile, Scach Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 1.5 Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 3 Volt, Each Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 3 Volt, Each Replacement Battery For External Infusion Pump Owned By Patient, Alkaine, 1.5 Volt, Each Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, Each Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, Each Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, Each Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, Replacement Battery For Automated External Defibrillator, Garment Type Only, Each Automatic External Defibrillator, Garment Type Only, Each S 232.56 Purchase Replacement Battery For Automated External Defibrillator, Each Replacement Electrodes For Vise With Automated External Defibrillator, Each Replacement Electrodes For Vise With Automated External Defibrillator, Each Replacement Electrodes For Vise With Automated External Defibrillator, Each Replacement Electrodes For Vise With Automated External Defibrillator, Each Replacement Electrodes For Vise With Automated External Defibrillator, Each Replacement Electrodes For Vise With Automated External Defibrillator, Each Replacement Electrodes For Use With Automated External Defibrillator, Each Replacement Electrodes For Use With Automated External Defibrillator, Each Replacement Electrodes For Use With Automated External Defibrillator, Each Replacement Electrodes For Use With Suction From Dme Pdac Automatic External Vise Replacement Electrodes For Users Burney System Repair Ox Norroutine Service For Durable Medica	
Kop552   Each   S   3.01   Purchase	
Volt, Each   Spring   Purchase	
Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 3 Volt, \$ 7.48 Purchase Replacement Battery For External Infusion Pump Owned By Patient, Alkaline, 1,5 Volt, \$ 0.67 Purchase Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, \$ 0.67 Purchase Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, \$ 7.19 Purchase Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, \$ 7.19 Purchase Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, \$ 7.19 Purchase Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, \$ 7.19 Purchase Replacement Battery For Automated External Defibrillator, Garment Type Only, Each \$ 23.56 Purchase Automatic External Defibrillator, Garment Type Only, Each \$ 23.56 Purchase Replacement Battery For Automated External Defibrillator, Each \$ 145.07 Purchase Replacement Electrodes For Use With Automated External Defibrillator, Garment Type Only, Each \$ 23.56 Purchase Replacement Garment For Use With Automated External Defibrillator, Garment Type \$ 964.78 Purchase Witheld Control of the Purchase Replacement Coding Verification From Dime Pdac \$ 964.78 Purchase Purchase Oxidion To Lower Extremity Orthosis, Removable Soft Interface, All Components, Replacement Only, Each \$ 8.84.9 Purchase \$ 8.84.9 Purchase Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each \$ 8.84.9 Purchase Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each \$ 31.17 Purchase Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Coxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidflier, Cannula Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidflier, Cannula Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidflier, Cannula Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidflier, Cannula Oxygen	
Ko6002   Each   S 7.48   Purchase	
Replacement Battery For External Infusion Pump Owned By Patient, Alkaline, 1.5 Volt, Each Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, Each Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, Each Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, Each Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, Each Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type Replacement Battery For Automated External Defibrillator, Garment Type Only, Each Space Spac	
K0603   Each   Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt,   S	
Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, Each Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, Each Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type Automatic External Defibrillator, Garment Type Only, Each \$2.551.74  K0607 Replacement Battery For Automated External Defibrillator, Each \$2.25.66 Purchase Replacement Garment For Use With Automated External Defibrillator, Garment Type Replacement Electrodes For Use With Automated External Defibrillator, Garment Type Replacement Chy, Each \$964.78 Purchase Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Wheelchair, Each Cushion, Labor Component Per State Seat Seat Seat Seat Seat Seat Sea	
Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, Sand Month Cartesian State (1922)   Purchase	
Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, Each Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type Type Special Speci	
K0605   Each	
Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type Replacement Battery For Automated External Defibrillator, Garment Type Only, Each Replacement Battery For Automated External Defibrillator, Each Replacement Garment For Use With Automated External Defibrillator, Each Replacement Garment For Use With Automated External Defibrillator, Each Replacement Electrodes For Use With Automated External Defibrillator, Each Replacement Electrodes For Use With Automated External Defibrillator, Garment Type Only, Each Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Ko669 Criteria Or No Written Coding Verification From Drne Pdac Addition To Lower Extremity Orthosis, Removable Soft Interface, All Components, Replacement Only, Each Ro730 Controlled Dose Inhalation Drug Delivery System Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each Ro730 Controlled Seasous Coxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes Ro743 Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes Ro743 Size Io Square Inches But Less Than Or Equal To 48 Square Inches Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size 16 Square Inches But Less Than Or Equal To 48 Square Inches Power Wheelchair, Group 1 Standard, Portable, Silng/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Spotable, Sling/Soli	
K0607   Replacement Battery For Automated External Defibrillator, Garment Type Only, Each   \$ 232.56   Purchase	
Replacement Garment For Use With Automated External Defibrillator, Each   \$ 145.07   Purchase   Replacement Electrodes For Use With Automated External Defibrillator, Garment Type   Now, Each   Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code   Criteria Or No Written Coding Verification From Dme Pdac   Addition To Lower Extremity Orthosis, Removable Soft Interface, All Components,   K0672   Replacement Only, Each   \$ 88.49   Purchase   R0730   Controlled Dose Inhalation Drug Delivery System   Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each   \$ 2,063.34   Purchase   Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each   \$ 31.17   Purchase   R0730   Rogulation   Rogulation   Rogulation   Rogulation   Rogulation   Rogulation   Rogulation   R0730   Rogulation   Rogulat	
Replacement Electrodes For Use With Automated External Defibrillator, Garment Type Only, Each Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Criteria Or No Written Coding Verification From Dme Pdac Addition To Lower Extremity Orthosis, Removable Soft Interface, All Components, K0672 Replacement Only, Each R0730 Controlled Dose Inhalation Drug Delivery System Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity R0731 (E.G., Gel Cell, Absorbed Glassmat) R0733 (E.G., Gel Cell, Absorbed Glassmat) R0734 Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A R0740 Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A R0741 R0741 R0741 R0742 R0744 R0744 R0744 R0745 R0745 R0745 R0745 R0745 R0745 R0745 R0746 R0747 R074	
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Wineelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Criteria Or No Written Coding Verification From Dme Pdac Addition To Lower Extremity Orthosis, Removable Soft Interface, All Components, Replacement Only, Each \$8.49   Purchase \$2,063.34   Purchase \$2,063.34   Purchase \$2,063.34   Purchase \$3.00   Roff Controlled Dose Inhalation Drug Delivery System \$2,063.34   Purchase \$2,060.34   Purchase \$2	
K0669 Criteria Or No Writter Coding Verification From Dme Pdac Addition To Lower Extremity Orthosis, Removable Soft Interface, All Components, K0672 Replacement Only, Each K0730 Controlled Dose Inhalation Drug Delivery System Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each K0731 (E.G., Gel Cell, Absorbed Glassmat) Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Ox Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Ox Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Ox Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Ox Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Ox Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Ox Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Oxygen Equipment Requiring The Skill Of A Technician, Labor Oxygen Equipment Requiri	
Addition To Lower Extremity Orthosis, Removable Soft Interface, All Components, Replacement Only, Each Roff Roff Roff Replacement Only, Each Roff Roff Roff Roff Roff Roff Roff Roff	
K0730 Controlled Dose Inhalation Drug Delivery System \$ 2,063.34 Purchase   Fower Wheelchair, Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each   (E.G., Gel Cell, Absorbed Glassmat) \$ 31.17 Purchase   Fower Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   Fower Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds   Fower Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds   Fower Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds   Fortable Cell, Absorbed Glassmat) \$ 2,063.34 Purchase   \$ 31.17 Purchase   \$ 31.17 Purchase   \$ 31.17 Purchase   \$ 31.17 Purchase   \$ 45.40 Continuous Rentz   \$ 4	
K0730 Controlled Dose Inhalation Drug Delivery System Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glassmat) Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, K0738 Cannula Or Mask, And Tubing Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes Repair Or Nonroutine Service For Use On Wounds Repair Or Nonroutine Service For Use With Suction Pump, Home Model, Portable, Pad Size 16 Square Inches Or Less Rorate Than 16 Square Inches But Less Than Or Equal To 48 Square Inches Price By Report Rorate Than 16 Square Inches But Less Than Or Equal To 48 Square Inches Price By Report Rorate Than 48 Square Inches Price By Report Ro	
Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glassmat) Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes RO740 Technician, Labor Componet, Per 15 Minutes RO741 Suction Pump, Home Model, Portable, For Use On Wounds Frice By Report Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size If Square Inches Or Less Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size Greater Than 48 Square Inches Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2	
K0733 (E.G., Gel Cell, Absorbed Glassmat)  Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing  Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes  Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes  Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes  Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes  Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes  Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes  Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes  Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes  Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes  Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes  Price By Report  Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size 16 Square Inches Or Less  Royal True By Report  Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size More Than 16 Square Inches Price By Report  Royal True By Report  Royal True By Report  Price By Report  Price By Report  Royal True By Report  Price By Report  Royal True By Report  Price By Report  Royal True By Report  Price	
Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Requiring The Skill Of A Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Requiring The S	
K0738 Cannula Or Mask, And Tubing Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes The Skill Of A Technician, Labor Componet, Per 15 Minutes The Skill Of A Technician, Labor Componet, Per 15 Minutes The Skill Of A Technician, Labor Componet, Per 15 Minutes The Skill Of A Technician, Labor Componet, Per 15 Minutes The Skill Of A Technician, Labor Componet, Per 15 Minutes The Skill Of A Technician, Labor Componet, Per 15 Minutes The Skill Of A The	
Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes RO740 Technician, Labor Componet, Per 15 Minutes RO741 Suction Pump, Home Model, Portable, For Use On Wounds Price By Report  Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad RO742 Size 16 Square Inches Or Less  RO743 Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad RO744 Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad RO745 Size Greater Than 48 Square Inches Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To RO816 And Including 300 Pounds RO820 Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	
Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes  Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A  Technician, Labor Componet, Per 15 Minutes  K0740  Suction Pump, Home Model, Portable, For Use On Wounds  Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad  Size 16 Square Inches Or Less  Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad  Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches  Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad  Size Greater Than 48 Square Inches  Fower Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient  Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity  Up To And Including 300 Pounds  Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To  And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight  Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight  Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity	tal
Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A  K0740 Technician, Labor Componet, Per 15 Minutes  K0743 Suction Pump, Home Model, Portable, For Use On Wounds  Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad  Size 16 Square Inches Or Less  Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad  Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches  Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad  Size Greater Than 48 Square Inches  Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient  Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity  Up To And Including 300 Pounds  Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To  And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight  K0820 Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  Fower Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  Whose Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  Whose Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	
K0740 Technician, Labor Componet, Per 15 Minutes \$ 17.93 Purchase K0743 Suction Pump, Home Model, Portable, For Use On Wounds Price By Report Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size 16 Square Inches Or Less Price By Report Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches Price By Report Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size Greater Than 48 Square Inches Price By Report Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,223.78 Purchase Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,605.86 Purchase Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,773.44 Purchase Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,335.26 Purchase Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,335.26 Purchase Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,744.46 Purchase Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,744.46 Purchase Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Pat	
K0743 Suction Pump, Home Model, Portable, For Use On Wounds Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size 16 Square Inches Or Less  Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	
Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size 16 Square Inches Or Less  Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size Greater Than 48 Square Inches Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	
K0744 Size 16 Square Inches Or Less  Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size Greater Than 48 Square Inches Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	
Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size Greater Than 48 Square Inches Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	
K0745 Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches  Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size Greater Than 48 Square Inches  Price By Report  Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	
Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size Greater Than 48 Square Inches Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight K0820 Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	
K0746 Size Greater Than 48 Square Inches Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	
Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	
K0813 Weight Capacity Up To And Including 300 Pounds \$ 2,223.78 Purchase  Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,605.86 Purchase  Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,773.44 Purchase  Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,335.26 Purchase  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,744.46 Purchase  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,744.46 Purchase  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	
Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	PA Required
K0814 Up To And Including 300 Pounds \$ 2,605.86 Purchase  Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,773.44 Purchase  Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,335.26 Purchase  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity  K0821 Up To And Including 300 Pounds \$ 2,744.46 Purchase  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	1 // //cquircu
Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To  And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	PA Required
K0816 And Including 300 Pounds \$ 2,773.44 Purchase  Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,335.26 Purchase  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds \$ 2,744.46 Purchase  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	
Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	PA Required
Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity  2,744.46 Purchase	
K0821 Up To And Including 300 Pounds \$ 2,744.46 Purchase Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	PA Required
Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity	
	PA Required
IKO0000 II In To And Including 200 Dounds	DA Doguirod
K0822 Up To And Including 300 Pounds \$ 3,178.56 Purchase Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To	PA Required
K0823   And Including 300 Pounds   \$ 3,114.60   Purchase	PA Required
Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity	i A Nequileu
K0824 301 To 450 Pounds \$ 4,099.38 Purchase	PA Required
Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301	- 1
K0825   To 450 Pounds   \$ 3,770.64   Purchase	PA Required
Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight	
K0826 Capacity 451 To 600 Pounds \$ 5,945.40 Purchase	PA Required
Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity	DA 5
K0827 451 To 600 Pounds \$ 5,118.90 Purchase	PA Required
Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight K0828 Capacity 601 Pounds Or More \$ 6,923.82 Purchase	- 1
K0828   Capacity 601 Pounds Or More   \$ 6,923.82   Purchase	·
K0829   Pounds Or More   \$ 6,538.86   Purchase	PA Required
1. 0000 1 0 0,000.00 II dichase	PA Required
	·
Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient  K0830 Weight Capacity Up To And Including 300 Pounds \$ 4,615.50 Purchase	PA Required
Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient	PA Required PA Required
Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient  K0830 Weight Capacity Up To And Including 300 Pounds \$ 4,615.50 Purchase	PA Required PA Required
Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient  Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight  4,615.50  Purchase	PA Required PA Required PA Required

Dewer Wheelschaff, Croup 2 Newy Days, Single Power Option, Captains Chair, Patient (1997)  Self-Back, Patient Weight Capacity 451 To 800 Pounds (1997)  Self-Back, Patient Weight Capacity 451 To 800 Pounds (1997)  Self-Back, Patient Weight Capacity 451 To 800 Pounds (1997)  Self-Back, Patient Weight Capacity 451 To 800 Pounds (1997)  Self-Back, Patient Weight Capacity 451 To 800 Pounds (1997)  Self-Back, Patient Weight Capacity 451 To 800 Pounds (1997)  Self-Back, Patient Weight Capacity 451 To 800 Pounds (1997)  Self-Back, Patient Weight Capacity 451 To 800 Pounds (1997)  Self-Back, Patient Weight Capacity 451 To 800 Pounds (1997)  Self-Back Patient Weight Capacity 451 To 800 Pounds (1997)  Self-Back Patient Weight Capacity 451 To 800 Pounds (1997)  Self-Back Weight Capacity 451 To 461 P	Code	Description	Fee	Purchase or Rental	Prior Auth Status
Parent Weight Capacity 501 To 460 Pounds Parent Weight Capacity 61 To 160 Pounds Parent Weight Capacity 501 To 460 Poun	140000		Ф 0.450.00	Demokratia	DA Described
Season Particular Capacity (2017 of 450 Pounds Season Particular Valgin Capacity (2017 of 450 Pounds S	K0836		\$ 3,453.60	Purchase	PA Required
Weight Capacity 301 To 450 Pounds	K0837	Patient Weight Capacity 301 To 450 Pounds	\$ 4,084.74	Purchase	PA Required
SestBack, Patient Weight Capacity (1974)  Weight Capacity (2014)  Weight Capac	K0838		\$ 3,641,04	Purchase	PA Required
Power Wheelchair, Group 2 Extra Heavy Duy, Sing Power Option, Sing/Soild Sea/Back, Pathon Weight Capacity Dr. 7 And Horbiding Sol Dounds   \$ 8,135.52 Purchase   PA Required	110000		φ σ,σ τ τ.σ τ	T drondoo	177 Hoquilou
SeafBack, Patient Weight Capacity 80 Power Windows or More Power Weight Capacity Development of Power Windows or Standard, Mulpips Development on Standard, Capacity De To And Including 300 Pounds  Power Windowskins, Group 3 Heavy Duty, Sing/Solid Seat/Back, Patient Weight Capacity Standard, Group 3 Heavy Duty, Sing/Solid Seat/Back, Patient Weight Capacity Standard, Sta	K0839		\$ 5,341.80	Purchase	PA Required
Referent Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Multiple Power Option, Epideins Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 2 Standard, Multiple Power Option, Sing/Solid SeatBack, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Power Wheelchair, Group 3 Heavy Duty, Sing/Solid SeatBack, Patient Weight Capacity Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity Power Wheelchair, Group 3 Heavy Duty, Sing/Solid SeatBack, Patient Weight Capacity Power Wheelchair, Group 3 Very Heavy Duty, Sing/Solid SeatBack, Patient Weight Capacity Power Wheelchair, Group 3 Very Heavy Duty, Sing/Solid SeatBack, Patient Weight Capacity Power Wheelchair, Group 3 Very Heavy Duty, Sing/Solid SeatBack, Patient Weight Capacity Power Wheelchair, Group 3 Very Heavy Duty, Sing/Solid SeatBack, Patient Weight Capacity Power Wheelchair, Group 3 Very Heavy Duty, Sing/Solid SeatBack, Patient Weight Capacity Power Wheelchair, Group 3 Heavy Duty, Sing/Solid SeatBack, Patient Weight Capacity Power Wheelchair, Group 3 Standard, Single Power Option, Sing/Solid SeatBack, Power Wheelchair, Group 3 Standard, Single Power Option, Sing/Solid SeatBack, Power Wheelchair, Group 3 Standard, Single Power Option, Sing/Solid SeatBack, Power Wheelchair, Group 3 Standard, Single Power Option, Sing/Solid SeatBack, Power Wheelchair, Group 3 Standard, Single Power Option, Sing/Solid SeatBack, Power Wheelchair, Group 3 Standard, Single Power Option, Sing/Solid SeatBack, Power Wheelchair, Group 3 Standard, Single Power Option, Sing/Solid SeatBack, Power Wheelcha	K0840		\$ 8,135.52	Purchase	PA Required
Weelgrid Capacity Of To And Including 300 Power Option, SingSolid SeatBack,   Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, SingSolid SeatBack,   Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, SingSolid SeatBack,   Power Wheelchair, Group 3 Standard, SingSolid SeatBack,   Patent Weight Capacity Up To And Including 300 Power Option, SingSolid SeatBack,   Patent Weight Capacity Standard,   Patent Standard,   Patent Weight Capacity Standard,   Patent Weight Capacity Standard,   Patent Weight Ca	140044				
Weight Capacity Up To And Including 300 Pounds   S. 3,819.86   Purchase   PA Required	K0841		\$ 3,621.84	Purchase	PA Required
Periem Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Standard, Single Seat-Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 Sign 17 4 50 Pounds Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity Object Capacity 45 1 To 60 Pounds Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity Object Capacity 45 1 To 60 Pounds Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity Object Capacity Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity Object Capacity Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity Object Capacity Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity Object Capacity Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity Object Capacity Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity Object Capacity Object On More Object Capacity Object On More Object Capacity Object On Heavy Duty, Captains Chair, Patient Weight Capacity Object Capacity Object On Heavy Duty, Captains Chair, Patient Weight Capacity Object Capacity Object Capacity Object On Heavy Duty, Single Power Option, Single Group Capacity Object On Heavy Duty, Single Power Option, Captains Chair, Patient Object Capacity	K0842		\$ 3,619.86	Purchase	PA Required
Power Wheelchair, Group 3 Standard, Sing/Solid Sead/Back, Patient Weight Capacity   S. 5,451.48   Purchase   PA Required	KU843		¢ 422476	Purchasa	PA Poquired
(1945) Lip To And Including 300 Pounds Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To Shard Including 300 Pounds Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 Capacity 451 To 600 Pounds Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity to To And Including 300 Pounds Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Power Wheelchair, Group 3 Standard, Multiple Power Option, Captains Chair, Patient Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Includi	KU043		\$ 4,334.76	Fulchase	PA Required
And Including 300 Pounds Power Wheelchair, Group 3 Heavy Duty, Slingie Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Wery Heavy Duty, Slingie Power Option, Slingisolid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Wery Heavy Duty, Slingie Power Option, Slingisolid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Wery Heavy Duty, Slingie Power Option, Slingisolid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Extra Heavy Duty, Slingie Power Option, Slingisolid Seat/Back, Patient Weight Capacity 301 Pounds Or More Sol Pounds Or More Power Wheelchair, Group 3 Standard, Singie Power Option, Slingisolid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 3 Standard, Singie Power Option, Slingisolid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Standard, Militiple Power Option, Slingisolid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Heavy Duty, Singie Power Option, Slingisolid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Standard, Militiple Power Option, Slingisolid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Standard, Militiple Power Option, Slingisolid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Slingisolid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Slingisolid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Slingisolid Seat/Back, Patient Weight Capacity 401 To 400 Pounds Power Wheelchair, Group 4 Standard, Sling	K0848	Up To And Including 300 Pounds	\$ 5,451.48	Purchase	PA Required
Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity S	K0849		\$ 5.241.18	Purchase	PA Required
Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301   September   Power Wheelchair, Group 3 Very Heavy Duty, Sing/Solid SeatBack, Patient Weight   September   Septemb	110043		Ψ 5,241.10	T dronasc	17t ttequired
To 450 Pounds   PARequired	K0850		\$ 6,323.34	Purchase	PA Required
Nover Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight   S. 7,306.26   Purchase   PA Required	K0851		\$ 6.079.98	Purchase	PA Required
Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity   \$ 7,05.46   Purchase   PA Required		Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight			
As 1 To 600 Pounds   Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More   Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity (Processes)   Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds   Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 31 To 450 Pounds   Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 31 To 450 Pounds   Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 31 To 450 Pounds   Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 31 To 450 Pounds   Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 31 To 450 Pounds   Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 31 To 450 Pounds   Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, Patient Weight Capacity 30 To 450 Pounds   Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity 30 To 450 Pounds   Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity 41 To 600 Pounds   Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity 41 To 600 Pounds   Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity 41 To 600 Pounds   Power Wheel	K0852		\$ 7,306.26	Purchase	PA Required
Capacity 601 Pounds Or More   \$ 14,914.53   Purchase   PA Required   Power Wheelchair, Group 3 Estra Heavy Duty, Capatins Chair, Patient Weight Capacity   \$ 9,382.64   Purchase   PA Required   Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back,   Patient Weight Capacity Up To And Including 300 Pounds   \$ 5,881.38   Purchase   PA Required   Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient   \$ 5,881.38   Purchase   PA Required   Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient   \$ 5,968.74   Purchase   PA Required   Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient   \$ 6,923.76   Purchase   PA Required   Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient   \$ 6,923.76   Purchase   PA Required   Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back,   Patient Weight 20 Patient   \$ 6,923.76   Purchase   PA Required   Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back,   Patient Weight Capacity Up To And Including 300 Pounds   \$ 10,371.78   Purchase   PA Required   Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back,   Patient Weight Capacity 30 To 450 Pounds   \$ 7,259.94   Purchase   PA Required   Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back,   Patient Weight Capacity 30 To 450 Pounds   \$ 7,259.94   Purchase   PA Required   Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid   \$ 10,371.78   Purchase   PA Required   Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid   \$ 10,371.78   Purchase   PA Required   Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 50 To 450 Pounds   Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 50 To 450 Pounds   Prower Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacit	K0853		\$ 7,505.46	Purchase	PA Required
Power Wheelchair, Group 3 Eartz Heavy Duty, Captains Chair, Patient Weight Capacity Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up 17 And Including 300 Pounds Weight Capacity Up 17 And Including 300 Pounds Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up 17 And Including 300 Pounds Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity Up 17 And Including 300 Pounds Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 3 Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Weight August Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 4 Standard, Single Power Op	K0054		Ф 44.044.FQ	Demokratia	DA De suite d
September   Sept	K0854		\$ 14,914.53	Purchase	PA Required
A Required   Patent Weight Capacity Up To And Including 300 Pounds   \$ 5,851.38   Purchase   PA Required   Power Wheelchair, Group 3 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   \$ 5,968.74   Purchase   PA Required   Purchase   PA	K0855	601 Pounds Or More	\$ 9,392.64	Purchase	PA Required
Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Silng/Solid Seat/Back, Patient Weight 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 10 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Silng/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Silng/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Silng/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Silng/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Silng/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Silng/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Silng/Solid Seat/Back, Patient Weight Capacity Will Power Option, Silng/Solid Seat/Back, Patient Weight Capacity Of Pounds Power Wheelchair, Group 4 Standard, Silng/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 4 Standard, Silng/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Silng/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 4 Standard, Silngle Power Option, Silng/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Silngle Power Option, Silng/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Silngle Power Option, Silng/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, G	KUSEE		¢ 5.051.20	Purchago	DA Poquirod
Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 3 Peavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pound	K0000		\$ 5,051.50	Fulchase	FA Required
A Required   Patent Weight 301 To 450 Pounds   Patent Weight Capacity 451 To 600 Pounds   Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds   Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid   Power Wheelchair, Group 3 Very Heavy Duty, Weight Capacity 451 To 600 Pounds   Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Weight Capacity Up To And Including 300 Pounds   Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To 450 Pounds   Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Price By Report   Pakequired   Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient   Price By Report   Pakequired   Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Price By Report   Pakequired   Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Bac	K0857		\$ 5,968.74	Purchase	PA Required
Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds   PA Required	K0858		\$ 7.259.94	Purchase	PA Required
Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid   \$ 10,371.78   Purchase   PA Required   Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   \$ 5,860.80   Purchase   PA Required   Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   \$ 5,860.80   Purchase   PA Required   Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds   \$ 7,259.94   Purchase   PA Required   Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid   \$ 10,371.78   Purchase   PA Required   Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid   \$ 10,371.78   Purchase   PA Required   Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity   Price By Report   PA Required   Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity   Price By Report   PA Required   Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity   Price By Report   PA Required   Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity   Price By Report   PA Required   Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity   Price By Report   PA Required   Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity   Price By Report   PA Required   Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   Price By Report   PA Required   Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Price By Report   PA Required   Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   Price By Report		9	· ·		
Seat/Back, Patient Weight Capacity 45 i To 600 Pounds   \$ 10,371.78   Purchase   PA Required	K0859		\$ 6,923.76	Purchase	PA Required
Patient Weight Capacity Up To And Including 300 Pounds   \$ 5.860.80   Purchase   PA Required	K0860		\$ 10,371.78	Purchase	PA Required
Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 30 1 To 450 Pounds Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Price By Report Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Price By Report Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Price By Report Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Price By Report Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Captains Chair, Patient Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Ba	140004		Φ 500000		D.A. D
Patient Weight Capacity 301 To 450 Pounds   \$ 7,259.94   Purchase   PA Required	K0861		\$ 5,860.80	Purchase	PA Required
Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including Standard, Multiple Power Option,	K0862	Patient Weight Capacity 301 To 450 Pounds	\$ 7,259.94	Purchase	PA Required
Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 10 To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 10 To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 5 Standard, Multiple Power Option, Sling/Solid Seat/Back, Price By Report Power Wheelchair, Group 5 Standard, Multiple Power Option, Sling/Solid Seat/Back, Price	KU863		\$ 10.371.78	Purchase	PA Required
Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Price By Report PA Required Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Price By Report Pa Required Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Price By Report Price By Report Price By Report Pa Required Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Price By Report	K0003		φ 10,371.76	Fulcilase	r A Required
Price By Report   PA Required	K0864	, ,	\$ 12,342.42	Purchase	PA Required
Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Price By Report PA Required PA Required Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Price By Report PA Required Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Price By Report PA Required PA Required PA Required Price By Report PA Required PA Required PA Required Price By Report PA Required Price By Report PA Required PA Required PA Required Price By Report PA Required PA Required PA Required Price By Report PA Required PA Required Price By Report PA Required	K0868		Price By Report		PA Required
Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds  Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds  Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds  Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds  Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Price By Report  PA Required  Price By Report  Price By Re		-			
Sult To 450 Pounds   Sult To 450 Pounds   Sult To 450 Pounds   Sult To 450 Pounds   Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds   Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient   Price By Report   PA Required	K0869		Price By Report		PA Required
Capacity 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 4 Feavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Price By Report PA Required Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Price By Report PA Required Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric,	K0870		\$ 1,002.11	Purchase	PA Required
Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds  Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds  Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds  Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds  Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds  Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group	1/00=/				5.5
Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	K0871		Price By Report		PA Required
Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair,	K0877	Patient Weight Capacity Up To And Including 300 Pounds	Price By Report		PA Required
Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Price By Report PA Required	K0879		Price By Poport		PA Required
Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back,	1.0070		. noc by Report		. A Required
K0880 Seat/Back, Patient Weight 451 To 600 Pounds Price By Report PA Required  Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Price By Report PA Required  Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Price By Report PA Required  Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Price By Report PA Required  Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back,	K0879		Price By Report		PA Required
Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds  Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Price By Report  Price By Report  Price By Report  PA Required  PA Required	K0880		Price By Report		PA Required
Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back,		Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back,	•		·
Weight Capacity Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Price By Report PA Required PA Required	K0884		Price By Report		PA Required
Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Price By Report PA Required	K0885		Price By Report		PA Required
Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back,	Koooo		Dring Dri D		DA Doguisari
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	K0890		Price By Report		PA Required

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Code	Description Company of the Company o	Fee	Purchase or Rental	Prior Auth Status
	Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back,			
K0891	Patient Weight Capacity Up To And Including 125 Pounds	Price By Report		PA Required
K0898	Power Wheelchair, Not Otherwise Classified	Price By Report		PA Required
K0900	Customized Durable Medical Equipment, Other Than Wheelchair	Price By Report		
K1005	Disposable Collection And Storage Bag For Breast Milk, Any Size, Any Type, Each	Price By Report		
	Suction Pump, Home Model, Portable Or Stationary, Electric, Any Type, For Use With			
K1006	External Urine Management System	Price By Report		
	Bilateral Hip, Knee, Ankle, Foot Device, Powered, Includes Pelvic Component, Single Or Double Upright(S), Knee Joints Any Type, With Or Without Ankle Joints Any Type,			
K1007	Includes All Components And Accessories, Motors, Microprocessors, Sensors Speech Volume Modulation System, Any Type, Including All Components And	Price By Report		
K1009	Accessories	Price By Report		
K1013	Enema Tube, Any Type, Replacement Only, Each	Price By Report		PA Required
	Addition, Endoskeletal Knee-Shin System, 4 Bar Linkage Or Multiaxial, Fluid Swin G And	, ,		
K1014	Stance Phase Control	\$ 6,666.92	Purchase	PA Required
K1015	Foot, Adductus Positioning Device, Adjustable	Price By Report		PA Required
	Transcutaneous Electrical Nerve Stimulator For Electrical Stimulation Of The Tri	, ,		
K1016	Geminal Nerve	\$ 439.92	Purchase	PA Required
K1017	Monthly Supplies For Use Of Device Coded At K1016		Purchase	PA Required
K1018	External Upper Limb Tremor Stimulator Of The Peripheral Nerves Of The Wrist	·	Purchase	PA Required
K1019	Monthly Supplies For Use Of Device Coded At K1018	Price By Report		PA Required
K1020	Non-Invasive Vagus Nerve Stimulator		Purchase	PA Required
K1020	Exsufflation Belt, Includes All Supplies And Accessories	Price By Report	i aronasc	. A Required
11021	Addition To Lower Extremity Prosthesis, Endoskeletal, Knee Disarticulation, Above	i nee by nepoil		1
K1022	Knee, Hip Disarticulation, Positional Rotation Unit, Any Type  Distal Transcutaneous Electrical Nerve Stimulator, Stimulates Peripheral Nerves Of The	\$ 620.17	Purchase	
K1023	Upper Arm	Price By Report		
		,		
K1024	Non-Pneumatic Compression Controller With Sequential Calibrated Gradient Pressure	\$ 481.42	Capped Rental	
K1025	Non-Pneumatic Sequential Compression Garment, Full Arm		Rental Rate	PA Required
	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Without Fixed	*		
K1027	Mechanical Hinge, Custom Fabricated, Includes Fitting And Adjustment	Price By Report		
	External Recharging System For Battery (Internal) For Use With Implanted Cardiac	= 7		
K1030	Contractility Modulation Generator, Replacement Only	Price By Report		
K1031	Non-Pneumatic Compression Controller Without Calibrated Gradient Pressure		Rental Rate	
K1032	Non-Pneumatic Sequential Compression Garment, Full Leg	·	Rental Rate	
K1033	Non-Pneumatic Sequential Compression Garment, Half Leg	·	Rental Rate	
111000	Cranial Cervical Orthosis, Congenital Torticollis Type, With Or Without Soft Interface	Ψ 21.34	Terrial Nate	
L0112	Material, Adjustable Range Of Motion Joint, Custom Fabricated	\$ 1,460.41	Purchase	
	Cranial Cervical Orthosis, Torticollis Type, With Or Without Joint, With Or Without Soft	Ψ 1,100111		
L0113	Interface Material, Prefabricated, Includes Fitting And Adjustment	\$ 297.58	Purchase	
L0120	Cervical, Flexible, Non-Adjustable, Prefabricated, Off-The-Shelf (Foam Collar)		Purchase	
L0130	Cervical, Flexible, Thermoplastic Collar, Molded To Patient	·	Purchase	
L0140	Cervical, Semi-Rigid, Adjustable (Plastic Collar)	· ·	Purchase	
L0170	Cervical, Semi-Rigid, Adjustable Molded Chin Cup (Plastic Collar With	Ψ 07.50	i dicilasc	
L0150	Mandibular/Occipital Piece)	\$ 104.29	Purchase	
	Cervical, Semi-Rigid, Wire Frame Occipital/Mandibular Support, Prefabricated, Off-The-			
L0160	Shelf	\$ 151.15	Purchase	
L0170	Cervical, Collar, Molded To Patient Model		Purchase	
	Cervical, Collar, Semi-Rigid Thermoplastic Foam, Two-Piece, Prefabricated, Off-The-			
L0172	Shelf	\$ 122.94	Purchase	
	Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two Piece With Thoracic Extension,			
L0174	Prefabricated, Off-The-Shelf	\$ 299.52	Purchase	
L0180	Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable		Purchase	
	Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars			
L0190	(Somi, Guilford, Taylor Types)	\$ 496.39	Purchase	
	Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars,			
L0200	And Thoracic Extension	\$ 520.75	Purchase	
L0220	Thoracic, Rib Belt, Custom Fabricated		Purchase	
	. ,			
	Tlso, Flexible, Provides Trunk Support, Upper Thoracic Region, Produces Intracavitary			
1	Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(S),			
L0450	Includes Shoulder Straps And Closures, Prefabricated, Off-The-Shelf	\$ 145.82	Purchase	
	Tlso, Flexible, Provides Trunk Support, Upper Thoracic Region, Produces Intracavitary			
	Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(S),			
L0452	Includes Shoulder Straps And Closures, Custom Fabricated	Price By Report		
	TIso Flexible, Provides Trunk Support, Extends From Sacrococcygeal Junction To Above			
	T-9 Vertebra, Restricts Gross Trunk Motion In The Sagittal Plane, Produces Intracavitary			
L0454	Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(S), Inc	\$ 373.81	Purchase	
	TIso, Flexible, Provides Trunk Support, Extends From Sacrococcygeal Junction To			
1	Above T-9 Vertebra, Restricts Gross Trunk Motion In The Sagittal Plane, Produces			
1	Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or			
L0455	Panel(S), Inc	\$ 295.10	Purchase	
<u> </u>			<u> </u>	1

Tiso, Flexible, Provides Trunk Support, Thoracic Region, Rigid Posterior Panel And Sold America Agrin. Extends From The Sacrococopgeal Junction And Terminates Just Inferior To The Sacroll Segment Governor Trunk Spatial Planes Challes, Thoracing Control Modular Segments Governor Trunk Register Planes Challes, The Singuid Spine, Anterior Screen Service Programs (Spine). The Singuid Spine, Anterior Services From The Symphysia Publis of the Riphold, Solf Line; Res Spine Spi	Code	Description	Fee		Purchase or Rental	Prior Auth Status
Tiso, Flexible, Provides Trunk Support, Thoraco Region, Rigid Posterior Panel And Solt America Agron, Estends From The Sacrococygeal Junction And Terminates Just Inferior To The Sacroul Segments Costs Trunk Mobins in The Sagata Penning Produces Provided Segments Costs Trunk Mobins in The Sagata Penning Produces Provided Segments Costs Trunk Mobins in The Sagata Penning Produces Segments Costs Trunk Mobins in The Sagata Penning Produces Segments Spring System, Trunk Rigid Plastic Shells, Production Segments Costs Trunk Mobins And Terminates Just Inferior To The Sagata Segments Spring Junction And Terminates Segments Segments Segments Spring System, Trunk Rigid Plastic Shells, Production Estends From The Sagrococygeal Junction And Terminates Segments Segments Segments Spring System, Trunk Rigid Plastic Shells, Production Estends From The Sagrococygeal Junction And Terminates Segments Segments Segments Spring Segments S		Anterior Apron, Extends From The Sacrococcygeal Junction And Terminates Just Inferior				
Anterior Apono, Estende From The Saurococcopyae Junction And Terminates Junt Inferior To The Sacquist Spine, Restricts Gross Trunk Motion in The Sagital Plane, Produces Trap. Triplanar Control, Modular Segmented Spiral System. Two Rigid Plastic Shiels, Prostation Econd From The Sacrococcypae Junction And Terminates Just Inferior To Line, Res. June, R	L0456	To The Scapular Spine, Restricts Gross Trunk Motion In The Sagittal Plane, Produces	\$	1,071.99	Purchase	
Posterior Extendes From The Sacrococopage Junction And Terminates Just Inferior To The Schaped, Soft 1 180, Trippianar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extendes From The Sucrococopage Junction And Terminates Just Inferior To The Standard Spinal System, Three Rigid Plastic Shells, Posterior Extendes From The Sucrococopage Junction And Terminates Just Inferior To The Standard Spinal System, Three Rigid Plastic Shells, Posterior Extendes From The Sucrococopage Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extendes From The Suprococopage Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extendes From The Suprophysion Publis To The Standard Routh, 2011.  10402	L0457	Anterior Apron, Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Restricts Gross Trunk Motion In The Sagittal Plane, Produces		940.31	Purchase	
Posterior Extends From The Sacroccopyage Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Sacroccopyage Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysia Publis To The Stammal North.    This Capular Spine, Anterior Extends From The Symphysia Publis To The Stammal North.		Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To				
Posterior Extends From The Sacrococygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Publis to The Starman Notch, Soft Line Jine, Triplanar Control, Modular Segmented Spinal System, Three Rigid Plastic Shells, Posterior Extends From The Sacrococygeal Junction And Terminates Just Inferior To Posterior Extends From Sacrococygeal Junction And Terminates Just Inferior To Sacrococygeal Systems And Terminates Just Inferior To Sacrococygeal Junction And Terminates Just Inferior To Sacrococygeal Junction And Terminates Just Inferior To Sacrococygeal Systems And Terminates Just Inferior To Sacrococygeal Systems And Terminates Just Inferior To Sacrococygeal Junction And Terminates Just Inferior To Sacrococygeal Systems And Terminates Just Inferior To Sacrococygeal Systems And Terminates Just Inferior To Sacrococygeal Junction On The Start Systems (Systems And Terminates Just Inferior To Sacrococygeal Junction On The Start Systems (Systems And Terminates Just Inferior To Sacrococygeal Junction On The Start Systems (Systems And Terminates Just Inferior To Sacrococygeal Junction On The Start Systems (Systems And Terminates Just Inferior To Sacrococygeal Junction On The Start Systems (Systems And Terminates Just Inferior To Sacrococygeal Junction On The Start Systems (Systems And Terminates Just Inferior To Sacrococygeal Junction On The Start Systems (Systems And Terminates Just Inferior Apron With Straps, Closures And Padding, Extends From Sacrococygeal Junction Over Scapulae, Letteral Strapp Nocoded By Pebric, Thoracic, And Lateral Frame Pieces, Sacrococygeal Junction Over Scapulae, Letteral Strapp Nocoded By Pebric, Thoracic, And Lateral Frame Pieces, Sacrococygeal Junction Over Scapulae, Letteral Strapp Nocoded By Pebric, Thoracic, And Lateral Frame Pieces, Scapulae, Letteral Strapp Nocoded By Pebric, Thoracic, And Lateral Frame Pieces, Scapulae, Letteral Strapp Nocoded By Pebric, Thoracic, And Lateral Frame Sacrococygeal Junction And Terminates Just Inferior To Scapul	L0458		\$	930.59	Purchase	
Tiso, Triplanar Control, Modular Segmented Spinal System, Three Rigid Plastic Shells, Posterior Extends From The Sacrococygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubs To The Sternal Notch, Sot Line.  Tiso, Triplanar Control, Modular Segmented Spinal System, Four Rigid Plastic Shells, Posterior Extends From Sacrococygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubs To The Sternal Notch, Sot Scapular Spine, Anterior Extends From Symphysis Pubs To The Sternal Notch, Sot Stape, Closures And Padding, Restricts Gross Trunk Motion in Segitat Plane, Produces Intracevitary Pressure To Reduce Load On Intervertebral Disks, Prefabilicated, Off. The Shell Stape, Closures And Padding, Restricts Gross Trunk Motion in Segitat Plane, Produces Intracevitary Pressure To Reduce Load On Intervertebral Disks, Prefabilicated, Off. The Shell Stape, Closures And Padding, Restricts Gross Trunk Motion in Segitat Plane, Produces Intracevitary Pressure To Reduce Load On Intervertebral Disks, Prefabilicated, Off. The Shell Stape, Closures And Padding, Restricts Gross Trunk Motion in Segitat Plane, Produces Intracevitary Pressure To Reduce Load On Intervertebral Disks, Prefabilicated, Off. The Shell Stape, Closures And Padding, Restricts Gross Trunk Motion in Segitat Plane, Produces Intracevitary Pressure To Reduce Load On Intervertebral Disks, Prefabilicated, Off. The Shell Stape, Closures And Padding, Extends From Sacrococypeal Junction Over Scapulac, Lateral Strongh Provided by Palvic. Throacid, And Lateral Frame Pieces, Restricts Lateral Strongh Provided by Palvic. Throacid, And Lateral Frame Pieces, Restricts Consures, Lateral Strongh Provided by Palvic. Throacid, And Lateral Frame Pieces, Rotational Strongh Provided by Palvic. Throacid, And Lateral Frame Pieces, Rotational Strongh Provided by Palvic. Throacid, And Lateral Frame Pieces, Rotational Strongh Provided by Palvic. Throacid, And Lateral Frame Stends From Spanish Pubs		Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Sternal Notch,				
The Scapular Spine, Anterior Extends From The Symphysis Publis To The Sternal Notch,   S   1,302.84	L0460	Tlso, Triplanar Control, Modular Segmented Spinal System, Three Rigid Plastic Shells,	\$	1,081.96	Purchase	
Posterior Extends From Sacropcopgeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To The Sternal Notch, Soft	L0462	The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Sternal Notch, Soft Line	\$	1,302.84	Purchase	
Tiso, Sagital Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Restricts Gross Trunk Motion in Sagital Plane, Produces Intracavitary Pressure To Reduce Load On Intervertebral Disks, Prefabricated Item That Straps, Closures And Padding, Restricts Gross Trunk Motion in Sagital Plane, Produces Intracavitary Pressure To Reduce Load On Intervertebral Disks, Prefabricated, Off-The-Shelf Straps, Closures And Padding, Estentics Gross Trunk Motion in Sagital Plane, Produces Intracavitary Pressure To Reduce Load On Intervertebral Disks, Prefabricated, Off-The-Shelf Tiso, Sagital-Coronal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Estends From Sarcoccocygeal Junction Over Scapulae, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Restri Tiso, Sagital-Coronal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Estends From Sarcoccocygeal Junction Over Scapulae, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Restri Tiso, Triplanar Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Estends From Sarcoccocygeal Junction To Scapula, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Rotational Strength Provided By Pelvic, Thoracic, And Lateral Frame Extends From Symphysis Publis To Sternal Notch With Two Anterior Components (One Public And One Sternal), Posterior And Lateral Padd With Straps And Closures, Posterior Extends From Sarcoccocygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Publis To Semal Notch And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Publis To Semal Notch, Anne Scapular Spine, Anterior Extends From Symphysis Publis To Semal Notch, Anne Scapular Spine, Anterior Extends From Symphysis Publis To Semal Notch, Anne Scapular Spine, Anterior Extends From Symphysis Publis		Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To				
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Shelf	LU466	Tiso, Sagittal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Restricts Gross Trunk Motion In Sagittal Plane, Produces	<b>D</b>	3/6./3	Purchase	
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Nestri   Standard	20407	Tiso, Sagittal-Coronal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal Junction Over	Ψ	010.00	Turonase	
With Straps, Closures And Padding, Extends From Sacrococcygeal Junction Over Scapulae, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Restri  Tiso, Triplanar Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal Junction To Scapula, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Rotational Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Rotational Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Rotational Strength Provided By Pelvic, Thoracic, And Lateral Frame Extends From Symphysis Publis To Sternal Notch With Two Anterior Components (One Public And One Sternal), Posterior And Lateral Pads With Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Publis To Sternal Notch With Inferior Pro Scapular Spine, Anterior Extends From Symphysis Publis To Sternal Notch, Ante Sternal Round Provided By Pelvic, Anterior Extends From Symphysis Publis To Sternal Notch, Ante Sternal Round Provided By Pelvic, Anterior Extends From Symphysis Publis To Sternal Notch, Ante Sternal Round Provided By Pelvic Round Roun	L0468		\$	442.38	Purchase	
Tiso, Triplanar Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal Junction To Scapula, Lateral Strength Provided by Pelvic, Thoracic, And Lateral Frame Pieces, Rotational Strength Provided by Pelvic, Thoracic, And Lateral Frame Pieces, Rotational Strength Provided by Pelvic, Thoracic, And Lateral Frame Pieces, Rotational Strength Provided by Pelvic, Thoracic, And Lateral Frame Extends From Symphysis Pubis To Stemal Notch With Two Anterior Components (One Pubic And One Stemal), Posterior And Lateral Pads With Straps And Closures, Limits Spinal Flexion, Restr Tiso, Triplanar Control, One Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Stemal N Tiso, Triplanar Control, One Piece Rigid Plastic Shell Without Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Stemal Notch, Ante \$ 1,972.36 Purchase		With Straps, Closures And Padding, Extends From Sacrococcygeal Junction Over				
Straps, Closures And Padding, Extends From Sacrococcygeal Junction To Scapula, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Rotational Tiso, Triplanar Control, Hyperextension, Rigid Anterior And Lateral Frame Extends From Symphysis Pubis To Sternal Notch With Two Anterior Components (One Pubic And One Sternal), Posterior And Lateral Pads With Straps And Closures, Limits Spinal Flexion, Restir Tiso, Triplanar Control, One Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal N  Tiso, Triplanar Control, One Piece Rigid Plastic Shell Without Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Triplanar Control, Two Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Triplanar Control, Two Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late  Tiso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late  Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell With Overlapping Reinforced Anterior, With Multiple S	L0469		\$	385.59	Purchase	
Tiso, Triplanar Control, Hyperextension, Rigid Anterior And Lateral Frame Extends From Symphysis Pubis To Sternal Notch With Two Anterior Components (One Pubic And One Sternal), Posterior And Lateral Pads With Straps And Closures, Limits Spinal Flexion, Restr  Tiso, Triplanar Control, One Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Starnal N  Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal N  Tiso, Triplanar Control, Two Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal N  Tiso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late  Tiso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late  Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From The 3 Vertebra, Anterior Extends From The Sacrococcygeal		Straps, Closures And Padding, Extends From Sacrococcygeal Junction To Scapula, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Rotational		0.5.00		
Restr \$ 403.07 Purchase  Tiso, Triplanar Control, One Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal N  Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Triplanar Control, Two Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Triplanar Control, Two Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late  Tiso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late  Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior Extends From Symphysis Pubis To The  Tiso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The	L0470	Tlso, Triplanar Control, Hyperextension, Rigid Anterior And Lateral Frame Extends From	\$	615.29	Purchase	
Tiso, Triplanar Control, One Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal N \$ 1,707.64 Purchase Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante Tiso, Triplanar Control, Two Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal N \$ 2,128.74 Purchase Tiso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late \$ 2,088.06 Purchase Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late \$ 2,088.06 Purchase Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Symphysis Pubis To Sternal Notch, Ante \$ 1,047.46 Purchase Tiso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The S	I 0472		\$	403.07	Purchase	
Sternal N	20172	Tiso, Triplanar Control, One Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And	Ψ	100.01	T dronade	
Straps And Closures, Posterior Extends From Sacrococygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Triplanar Control, Two Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal N  Sternal N  Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late  Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Symphysis Pubis To Sternal Notch, Late  Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior Extends From Symphysis Pubis  Tiso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The	L0480		\$	1,707.64	Purchase	
Tiso, Triplanar Control, Two Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal N  Sternal N  Tiso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late  Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior Sacrococcygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The		Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates				
Multiple Straps And Closures, Posterior Extends From Sacrococygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal N  Tiso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late  Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From Sacrococygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior Sacrococygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The	L0482	Notch, Ante	\$	1,972.36	Purchase	
Tiso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late  Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior Extends From Symphysis Pubis  \$ 295.14 Purchase  Tiso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The		Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To				
Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late  Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior Extends From Symphysis Pubis  Tiso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The	L0484		\$	2,128.74	Purchase	
Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante  Tiso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior Extends From Symphysis Pubis  Tiso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The	I 0486	Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal	\$	2 088 06	Purchase	
L0488 Notch, Ante \$ 1,047.46 Purchase  TIso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior Extends From Symphysis Pubis \$ 295.14 Purchase  TIso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The	_0 700	Tiso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates	-	2,000.00	. 31011000	
Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior Extends From Symphysis Pubis  Tlso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The	L0488	Notch, Ante	\$	1,047.46	Purchase	
Tiso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The	1.0400	Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior	e e	20E 4.4	Durchase	
	LU49U	Tiso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just	Φ	295.14	ruichase	
	L0491	Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Xipho	\$	801.38	Purchase	

Codo	Description	Fee	Durchasa ar Bantal	Drior Auth Status
Code	Description Tiso, Sagittal-Coronal Control, Modular Segmented Spinal System, Three Rigid Plastic	гее	Purchase or Rental	Prior Auth Status
	Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just			
	Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The			
L0492	Xipho	\$ 505.03	Purchase	
L0432	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, Reduces Motion About The	Ψ 300.00	i dionasc	
	Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous Abdomen Design,			
L0621	Prefabricated, Off-The-Shelf	\$ 97.05	Purchase	
	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, Reduces Motion About The	Ψ 01.00	T drondoo	
	Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous Abdomen Design,			
L0622	Custom Fabricated	\$ 249.32	Purchase	
		·		
	Sacroiliac Orthosis, Provides Pelvic-Sacral Support, With Rigid Or Semi-Rigid Panels			
	Over The Sacrum And Abdomen, Reduces Motion About The Sacroiliac Joint, Includes			
L0623	Straps, Closures, May Include Pendulous Abdomen Design, Prefabricated, Off-The-Shelf	\$ 150.44	Purchase	
	Sacroiliac Orthosis, Provides Pelvic-Sacral Support, With Rigid Or Semi-Rigid Panels			
	Placed Over The Sacrum And Abdomen, Reduces Motion About The Sacroiliac Joint,			
L0624	Includes Straps, Closures, May Include Pendulous Abdomen Design, Custom Fabricated	Price By Report		
	Lumbar Orthosis, Flexible, Provides Lumbar Support, Posterior Extends From L-1 To			
	Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The			
	Intervertebral Discs, Includes Straps, Closures, May Include Pendulous Abdomen			
L0625	Design, Shoulder Straps, Sta	\$ 52.15	Purchase	
	Lumbar Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends			
	From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On			
	The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Stays,			
L0626	Shoulder Str	\$ 84.17	Purchase	
	Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior			
	Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce			
	Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding,			
L0627	Shoulde	\$ 443.92	Purchase	
	Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support, Posterior Extends			
	From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To			
	Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Stays,			
L0628	Shoulder	\$ 79.40	Purchase	
	Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support, Posterior Extends			
	From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To			
1.0620	Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Stays,	Drice By Benert		
L0629	Shoulder	Price By Report		
	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary			
	Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May			
L0630	Includ	\$ 174.89	Purchase	
	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels,	ψcc	- uronaco	
	Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces			
	Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps,			
L0631	Closures, M	\$ 1,073.31	Purchase	
	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels,			
	Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces			
	Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps,			
L0632	Closures, M	Price By Report		
	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S),			
	Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength			
	Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce			
L0633	Load On I	\$ 309.70	Purchase	
	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S),			
1 000 4	Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength	Delete De D		
L0634	Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Re	Price By Report		
	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior			
	Frame/Panel(S), Lateral Articulating Design To Flex The Lumbar Spine, Posterior			
1.0625	Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid L	¢ 000.76	Durchago	1
L0635	Inigia L	\$ 923.76	Purchase	1
	Lumbar Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior			
	Frame/Panels, Lateral Articulating Design To Flex The Lumbar Spine, Posterior Extends			
L0636	From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid L	\$ 1,607.53	Purchase	
	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior	1,507.55		+
	Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra,			
	Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary			
L0637	Pressure To Re	\$ 1,117.87	Purchase	1
	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra,			
	Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary			
L0638	Pressure To Re	\$ 1,421.58	Purchase	1
	•	•	•	

	Description	Fee		Purchase or Rental	Prior Auth Status
	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior	1.00			Julius
	Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From				
	Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The				
L0639	Intervert	\$	1,082.21	Purchase	
	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior				
	Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From				
	Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The	Φ.	4 407 04	Donahaaa	
	Intervert	\$	1,127.84	Purchase	
	Lumbar Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends				
	From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Stays,				
	Shoulder Str	\$	73 78	Purchase	
	Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior	<u> </u>	70.70	i dionaco	
	Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce				
	Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding,				
L0642	Shoulde	\$	389.11	Purchase	
	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior				
	Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary				
	Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May	_			
L0643	Includ	\$	137.96	Purchase	
	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels,				
	Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces				
	Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, M	\$	071 70	Purchase	
	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S),	Ψ	311.13	i uitilase	+
	Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength				
	Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce				
	Load On I	\$	244.31	Purchase	
	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior	-			
	Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra,				
	Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary				
L0650	Pressure To Re	\$	1,038.72	Purchase	
	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior				
	Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From				
	Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The				
	Intervert	\$	934.85	Purchase	
	Cervical-Thoracic-Lumbar-Sacral-Orthoses (Ctlso), Anterior-Posterior-Lateral Control,	Φ.	4 070 00	Donahaaa	
	Molded To Patient Model, (Minerva Type)	\$	1,973.80	Purchase	
	Ctlso, Anterior-Posterior-Lateral-Control, Molded To Patient Model, With Interface Material, (Minerva Type)	\$	2 202 28	Purchase	
	Halo Procedure, Cervical Halo Incorporated Into Jacket Vest	\$		Purchase	
	Halo Procedures, Cervical Halo Incorporated Into Plaster Body Jacket	\$	2,249.90	Purchase	
	Halo Procedures, Cervical Halo Incorporated Into Milwaukee Type Orthosis	\$	3,026.27	Purchase	
	Addition To Halo Procedure, Magnetic Resonance Image Compatible Systems, Rings	Ť	0,020.27	. dionaco	
	And Pins, Any Material	\$	1,567.58	Purchase	
	Addition To Halo Procedure, Replacement Liner/Interface Material	\$		Purchase	
L0970	TIso, Corset Front	\$	147.07	Purchase	
L0972	Lso, Corset Front	\$	106.83	Purchase	
L0974	Tiso, Full Corset	\$	172.78	Purchase	
L0976	Lso, Full Corset	\$	195.79	Purchase	
	Axillary Crutch Extension	\$	185.77	Purchase	
	Peroneal Straps, Prefabricated, Off-The-Shelf, Pair	\$		Purchase	
	Stocking Supporter Grips, Prefabricated, Off-The-Shelf, Set Of Four (4)	\$		Purchase	
	Protective Body Sock, Prefabricated, Off-The-Shelf, Each	\$		Purchase	
	Addition To Spinal Orthosis, Not Otherwise Specified	\$	378.49	Purchase	ļ
	Cervical-Thoracic-Lumbar-Sacral (Ctlso) (Milwaukee), Inclusive Of Furnishing Initial	¢.	0.000.40	Durch on -	
	Orthoses, Including Model	\$	2,283.18	Purchase	
	Cervical Thoracic Lumbar Sacral Orthosis, Immobilizer, Infant Size, Prefabricated,	Drice	By Roport		
L1001	Includes Fitting And Adjustment	FIICE	By Report		
L1005	Tension Based Scoliosis Orthosis And Accessory Pads, Includes Fitting And Adjustment	\$	3,339.69	Purchase	
	Additions To Cervical-Thoracic-Lumbar-Sacral Orthoses (Ctlso) Or Scoliosis Orthoses.	Ψ	5,558.08	i uitilase	
	Additions to Cervical-Moracic-Lumbar-Sacrar Offices (Citso) of Scollosis Offices, Axilla Sling	\$	64 77	Purchase	
	Additions To Ctlso Or Scoliosis Orthoses, Kyphosis Pad	\$		Purchase	
LIUZU	Addition To Ctlso Or Scoliosis Orthosis, Kyphosis Pad, Floating	\$		Purchase	
		\$		Purchase	1
L1025	Additions To Ctlso Or Scoliosis Orthoses, Lumbar Bolster Pad			i -	+
L1025 L1030	Additions To Ctlso Or Scoliosis Orthoses, Lumbar Bolster Pad Additions To Ctlso Or Scoliosis Orthoses, Lumbar Or Lumbar Rib Pad	\$	72.72	Purchase	
L1025 L1030 L1040		\$		Purchase Purchase	
L1025 L1030 L1040 L1050	Additions To Ctlso Or Scoliosis Orthoses, Lumbar Or Lumbar Rib Pad		80.35		
L1025 L1030 L1040 L1050 L1060 L1070	Additions To Ctlso Or Scoliosis Orthoses, Lumbar Or Lumbar Rib Pad Additions To Ctlso Or Scoliosis Orthoses, Sternal Pad Additions To Ctlso Or Scoliosis Orthoses, Thoracic Pad Additions To Ctlso Or Scoliosis Orthoses, Trapeze Sling	\$	80.35 89.16	Purchase	
L1025 L1030 L1040 L1050 L1060 L1070	Additions To Ctlso Or Scoliosis Orthoses, Lumbar Or Lumbar Rib Pad Additions To Ctlso Or Scoliosis Orthoses, Sternal Pad Additions To Ctlso Or Scoliosis Orthoses, Thoracic Pad	\$	80.35 89.16 86.84	Purchase Purchase	
L1025 L1030 L1040 L1050 L1060 L1070 L1080	Additions To Ctlso Or Scoliosis Orthoses, Lumbar Or Lumbar Rib Pad Additions To Ctlso Or Scoliosis Orthoses, Sternal Pad Additions To Ctlso Or Scoliosis Orthoses, Thoracic Pad Additions To Ctlso Or Scoliosis Orthoses, Trapeze Sling	\$ \$ \$	80.35 89.16 86.84 68.62	Purchase Purchase Purchase	
L1025 L1030 L1040 L1050 L1060 L1070 L1080 L1085	Additions To Ctlso Or Scoliosis Orthoses, Lumbar Or Lumbar Rib Pad Additions To Ctlso Or Scoliosis Orthoses, Sternal Pad Additions To Ctlso Or Scoliosis Orthoses, Thoracic Pad Additions To Ctlso Or Scoliosis Orthoses, Trapeze Sling Additions To Ctlso Or Scoliosis Orthoses, Outrigger	\$ \$ \$	80.35 89.16 86.84 68.62 148.55	Purchase Purchase Purchase Purchase	

Code	Description	Fee		Durchasa ar Bantal	Prior Auth Status
Code	Description Additions To Ctlso Or Scoliosis Orthoses, Ring Flange, Plastic Or Leather, Molded To	ree		Purchase or Rental	Prior Auth Status
L1110	Patient Model	\$	246.48	Purchase	
L1110	Additions To Ctlso Or Sio, Scoliosis Orthoses, Covers For Upright, Each	\$		Purchase	
L1200	Thoracic-Lumbar-Sacal-Orthoses (Tlso), Inclusive Of Furnishing Initial Orthosis Only	\$		Purchase	
L1210	Additions To Tlso, (Low Profile) Lateral Thoracic Extension	\$		Purchase	
L1220	Additions To Tiso, (Low Profile) Anterior Thoracic Extension	\$		Purchase	
L1230	Additions To Tiso, (Low Profile) Milwaukee Type Superstructure	\$		Purchase	
L1240	Addition To TIso (Low Profile), Lumbar Derotation Pad	\$		Purchase	
L1250	Addition To Tiso (Low Profile), Anterior Asis Pad	\$		Purchase	
L1260	Addition To Tlso (Low Profile), Anterior Thoracic Derotation Pad	\$		Purchase	
L1270	Addition To TIso (Low Profile), Abdominal Pad	\$		Purchase	
L1280	Addition To TIso (Low Profile), Rib Gusset (Elastic), Each	\$		Purchase	
L1290	Addition To Tlso (Low Profile), Lateral Trochanteric Pad	\$		Purchase	
L1300	Other Scoliosis Procedures, Body Jacket Molded To Patient Model	\$		Purchase	
L1310	Other Scoliosis Procedures, Post-Operative Body Jacket	\$		Purchase	
L1499	Spinal Orthosis, Not Otherwise Specified	•	By Report		
	Hip Orthosis, Abduction Control Of Hip Joints, Flexible, Frejka Type With Cover,		, -, -		
	Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise				
L1600	Customized To Fit A Specific Patient By An Inidividual With Expertise	\$	127.19	Purchase	
	Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Frejka Cover Only),				
	Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise				
L1610	Customized To Fit A Specific Patient By An Individual With Expertise	\$	42.37	Purchase	
	Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Pavlik Harness), Prefabricated				
	Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To				
L1620	Fit A Specific Patient By An Individual With Expertise	\$	124.90	Purchase	
	Hip Orthosis, Abduction Control Of Hip Joints, Semi-Flexible (Von Rosen Type), Custom-				
L1630	Fabricated	\$	163.53	Purchase	
	Hip Orthosis, Abduction Control Of Hip Joints, Static, Pelvic Band Or Spreader Bar,				
L1640	Thigh Cuffs, Custom-Fabricated	\$	546.37	Purchase	
	Hip Orthosis, Abduction Control Of Hip Joints, Static, Adjustable, (Ilfled Type),				
L1650	Prefabricated, Includes Fitting And Adjustment	\$	251.79	Purchase	
	Hip Orthosis, Bilateral Thigh Cuffs With Adjustable Abductor Spreader Bar, Adult Size,				
L1652	Prefabricated, Includes Fitting And Adjustment, Any Type	\$	371.95	Purchase	
	Hip Orthosis, Abduction Control Of Hip Joints, Static, Plastic, Prefabricated, Includes	_			
L1660	Fitting And Adjustment	\$	159.54	Purchase	
1.4000	Hip Orthosis, Abduction Control Of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip	Φ.	4 475 07	D	
L1680	Motion Control, Thigh Cuffs (Rancho Hip Action Type), Custom Fabricated	\$	1,175.87	Purchase	
1.4005	Hip Orthosis, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Custom	Φ.	4 4 4 7 0 4	D	
L1685	Fabricated	\$	1,147.94	Purchase	
1 1606	Hip Orthosis, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Prefabricated, Includes Fitting And Adjustment	\$	002.22	Purchase	
L1686	Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction And	Ф	992.22	Fulcilase	
L1690	Internal Rotation Control, Prefabricated, Includes Fitting And Adjustment	\$	2 094 24	Purchase	
L1700	Legg Perthes Orthosis, (Toronto Type), Custom-Fabricated	\$		Purchase	
L1710	Legg Perthes Orthosis, (Newington Type), Custom Fabricated	\$		Purchase	
L1710	Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom-Fabricated	\$		Purchase	
L1730	Legg Perthes Orthosis, (Scottish Rite Type), Custom-Fabricated	\$		Purchase	
L1755	Legg Perthes Orthosis, (Patten Bottom Type), Custom-Fabricated	\$	,	Purchase	
	Knee Orthosis, Elastic With Joints, Prefabricated Item That Has Been Trimmed, Bent,	Ψ	1,027.00	i dionado	
	Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual				
L1810	With Expertise	\$	94.12	Purchase	
L1812	Knee Orthosis, Elastic With Joints, Prefabricated, Off-The-Shelf	\$		Purchase	
	Knee Orthosis, Elastic With Condylar Pads And Joints, With Or Without Patellar Control,	<u> </u>			
L1820	Prefabricated, Includes Fitting And Adjustment	\$	132.20	Purchase	
L1830	Knee Orthosis, Immobilizer, Canvas Longitudinal, Prefabricated, Off-The-Shelf	\$		Purchase	
	Knee Orthosis, Locking Knee Joint(S), Positional Orthosis, Prefabricated, Includes Fitting				
L1831	And Adjustment	\$	307.11	Purchase	
	Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis,				
	Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled,				
L1832	Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	\$	566.77	Purchase	
	Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis,				
L1833	Rigid Support, Prefabricated, Off-The Shelf	\$		Purchase	
L1834	Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated	\$	791.36	Purchase	
l	Knee Orthosis, Rigid, Without Joint(S), Includes Soft Interface Material, Prefabricated,				
L1836	Off-The-Shelf	\$	128.92	Purchase	
	Knee Orthosis, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom				
L1840	Fabricated	\$	887.37	Purchase	
	Knee Orthosis, Single Upright, Thigh And Calf, With Adjustable Flexion And Extension				
1 10 10	Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without	¢.	067.40	Durchago	
L1843	Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded,	\$	907.12	Purchase	
	Knee Orthosis, Single Upright, Thigh And Calf, With Adjustable Flexion And Extension				
L1844	Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Custom Fabricated	\$	1 732 29	Purchase	
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Code	Description	Fee		Purchase or Rental	Prior Auth Status
	Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without				
L1845	Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded,	\$	786.95	Purchase	
	Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension				
	Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without				
L1846	Varus/Valgus Adjustment, Custom Fabricated	\$	1,046.30	Purchase	
	Knee Orthosis, Double Upright With Adjustable Joint, With Inflatable Air Support Chamber(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or				
L1847	Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	\$	600.15	Purchase	
	Knee Orthosis, Double Upright With Adjustable Joint, With Inflatable Air Support				
L1848	Chamber(S), Prefabricated, Off-The-Shelf	\$		Purchase	
L1850	Knee Orthosis, Swedish Type, Prefabricated, Off-The-Shelf Knee Orthosis (Ko), Single Upright, Thigh And Calf, With Adjustable Flexion And	\$	265.14	Purchase	
	Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or				
L1851	Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf	\$	866.87	Purchase	
	Knee Orthosis (Ko), Double Upright, Thigh And Calf, With Adjustable Flexion And				
L1852	Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf	\$	912 56	Purchase	
L1032	Knee Orthosis, Modification Of Supracondylar Prosthetic Socket, Custom-Fabricated	Ψ	013.30	Fulcilase	
L1860	(Sk)	\$	1,035.59	Purchase	
L1900	Ankle Foot Orthosis, Spring Wire, Dorsiflexion Assist Calf Band, Custom-Fabricated	\$	283.91	Purchase	
1 1000	Ankle Orthosis, Ankle Gauntlet Or Similar, With Or Without Joints, Prefabricated, Off-	¢	74.40	Purchase	
L1902	The-Shelf	\$	74.42	Purchase	
L1904	Ankle Orthosis, Ankle Gauntlet Or Similar, With Or Without Joints, Custom Fabricated	\$	453.82	Purchase	
L1906	Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Off-The-Shelf	\$		Purchase	
	Ankle Orthosis, Supramalleolar With Straps, With Or Without Interface/Pads, Custom		222.42		
L1907	Fabricated  Ankle Foot Orthosis, Posterior, Single Bar, Clasp Attachment To Shoe Counter,	\$	606.46	Purchase	
L1910	Prefabricated, Includes Fitting And Adjustment	\$	260.92	Purchase	
	Ankle Foot Orthosis, Single Upright With Static Or Adjustable Stop (Phelps Or Perlstein	Ť			
L1920	Type), Custom-Fabricated	\$	424.35	Purchase	
1 4020	Ankle Foot Orthosis, Plastic Or Other Material, Prefabricated, Includes Fitting And	\$	240.60	Durchago	
L1930	Adjustment  Afo, Rigid Anterior Tibial Section, Total Carbon Fiber Or Equal Material, Prefabricated,	Φ	240.69	Purchase	
L1932	Includes Fitting And Adjustment	\$	961.77	Purchase	
L1940	Ankle Foot Orthosis, Plastic Or Other Material, Custom-Fabricated	\$	461.02	Purchase	
1.4045	Ankle Foot Orthosis, Plastic, Rigid Anterior Tibial Section (Floor Reaction), Custom-	Φ.	007.04	Donahaaa	
L1945	Fabricated  Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic, Custom-	\$	007.91	Purchase	
L1950	Fabricated	\$	777.73	Purchase	
	Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic Or Other				
L1951	Material, Prefabricated, Includes Fitting And Adjustment	\$		Purchase	
L1960 L1970	Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated  Ankle Foot Orthosis, Plastic With Ankle Joint, Custom-Fabricated	\$		Purchase Purchase	
L1370	Ankle Foot Orthosis, Plastic Or Other Material With Ankle Joint, Prefabricated, Includes	Ψ	030.03	i dichase	
L1971	Fitting And Adjustment	\$	505.22	Purchase	
	Ankle Foot Orthosis, Single Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf	_	221.22		
L1980	Band/Cuff (Single Bar Ibki Orthosis), Custom-Fabricated  Ankle Foot Orthosis, Double Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf	\$	381.89	Purchase	
L1990	Band/Cuff (Double Bar lbki Orthosis), Custom-Fabricated	\$	430.18	Purchase	
	Knee Ankle Foot Orthosis, Single Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh				
L2000	And Calf Bands/Cuffs (Single Bar Ïakï Orthosis), Custom-Fabricated	\$	1,014.20	Purchase	
	Knee Ankle Foot Orthosis, Any Material, Single Or Double Upright, Stance Control, Automatic Lock And Swing Phase Release, Any Type Activation, Includes Ankle Joint,				
L2005	Any Type, Custom Fabricated	\$	4,425.50	Purchase	
	Knee Ankle Foot Device, Any Material, Single Or Double Upright, Swing And Stance	ľ	, ,,,,,,,	-	
	Phase Microprocessor Control With Adjustability, Includes All Components (E.G.,				
L2006	Sensors, Batteries, Charger), Any Type Activation, With Or Without Ankle Joint(S), Custom Fabricated	\$	33,821.95	Purchase	PA Required
	Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh And Calf	Ψ	00,021.90	i divilase	r A Nequiled
L2010	Bands/Cuffs (Single Bar Ïakï Orthosis), Without Knee Joint, Custom-Fabricated	\$	1,044.06	Purchase	
1.0000	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf		4 400 0=	-	
L2020	Bands/Cuffs (Double Bar laki Orthosis), Custom-Fabricated  Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf	\$	1,126.87	Purchase	
L2030	Bands/Cuffs, (Double Bar Ïakï Orthosis), Without Knee Joint, Custom Fabricated	\$	977.66	Purchase	
	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free Motion	-	2.7.00		
	Knee, Medial Lateral Rotation Control, With Or Without Free Motion Ankle, Custom				
L2034	Fabricated  Koo Anklo Foot Orthogic Full Plactic Static (Padiatric Size), Without Free Matien	\$	2,243.24	Purchase	
L2035	Knee Ankle Foot Orthosis, Full Plastic, Static (Pediatric Size), Without Free Motion Ankle, Prefabricated, Includes Fitting And Adjustment	\$	180.77	Purchase	
	Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With Or Without Free Motion	<u> </u>	.50.77		
L2036	Knee, With Or Without Free Motion Ankle, Custom Fabricated	\$	1,898.58	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
-	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free Motion		T di ondo di riona	THO Tutti Otatuo
L2037	Knee, With Or Without Free Motion Ankle, Custom Fabricated  Knee Ankle Foot Orthosis, Full Plastic, With Or Without Free Motion Knee, Multi-Axis	\$ 1,552.71	Purchase	
L2038	Ankle, Custom Fabricated	\$ 1,379.80	Purchase	
L2040	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Rotation Straps, Pelvic Band/Belt, Custom Fabricated	\$ 215.06	Purchase	
L2050	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated	\$ 508.64	Purchase	
L2060	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated	\$ 571.18	Purchase	
L2070	Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Rotation Straps, Pelvic Band/Belt, Custom Fabricated	\$ 129.79	Purchase	
L2080	Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Torsion Cable, Hip Joint, Pelvic Band/Belt, Custom-Fabricated	\$ 347.12	Purchase	
L2090	Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Torsion Cable, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated	·	Purchase	
L2106	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom-Fabricated		Purchase	
	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Custom-Fabricated Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Soft, Prefabricated,		Purchase	
L2112	Includes Fitting And Adjustment Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Semi-Rigid,	\$ 450.27	Purchase	
L2114	Prefabricated, Includes Fitting And Adjustment  Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Rigid, Prefabricated,	\$ 564.75	Purchase	
L2116	Includes Fitting And Adjustment Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis,	\$ 687.03	Purchase	
L2126	Thermoplastic Type Casting Material, Custom-Fabricated  Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Custom-	\$ 1,297.76	Purchase	
L2128	Fabricated	\$ 1,654.85	Purchase	
L2132	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefabricated, Includes Fitting And Adjustment	\$ 1,006.63	Purchase	
L2134	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Semi-Rigid, Prefabricated, Includes Fitting And Adjustment	\$ 933.40	Purchase	
L2136	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Rigid, Prefabricated, Includes Fitting And Adjustment	\$ 1,282.80	Purchase	
L2180	Addition To Lower Extremity Fracture Orthosis, Plastic Shoe Insert With Ankle Joints	<u> </u>	Purchase	
L2182	Addition To Lower Extremity Fracture Orthosis, Drop Lock Knee Joint		Purchase	
L2184	Addition To Lower Extremity Fracture Orthosis, Limited Motion Knee Joint Addition To Lower Extremity Fracture Orthosis, Adjustable Motion Knee Joint, Lerman	\$ 130.96	Purchase	
L2186	Type		Purchase	
L2188	Addition To Lower Extremity Fracture Othosis, Quadrilateral Brim	\$ 289.03	Purchase	
L2190	Addition To Lower Extremity Fracture Orthosis, Waist Belt	\$ 87.29	Purchase	
1.0400	Addition To Lower Extremity Fracture Orthosis, Hip Joint, Pelvic Band, Thigh Flange,	¢ 244.44	Durchasa	
L2192 L2200	And Pelvic Belt Additions To Lower Extremity, Limited Ankle Motion, Each Joint		Purchase Purchase	
	Addition To Lower Extremity, Dorsiflexion Assist (Plantar Flexion Resist), Each Joint	<u> </u>	Purchase	
L2220	Addition To Lower Extremity, Dorsiflexion And Plantar Flexion Assist/Resist, Each Joint	\$ 102.40	Purchase	
	Additions To Lower Extremity, Split Flat Caliper Stirrups And Plate Attachment		Purchase	
	Addition To Lower Extremity Orthosis, Rocker Bottom For Total Contact Ankle Foot			
L2232 L2240	Orthosis, For Custom Fabricated Orthosis Only Additions To Lower Extremity, Round Caliper And Plate Attach- Ment		Purchase Purchase	
LZZ40	Additions to Lower Extremity, Noting Gailper And Flate Attach Ment	ψ 00.72	i dicilase	
L2250	Additions To Lower Extremity, Foot Plate, Molded To Patient Model, Stirrup Attachment	\$ 392.13	Purchase	
L2260	Additions To Lower Extremity, Reinforced Solid Stirrup (Scott-Craig Type)	\$ 221.22	Purchase	
L2265	Addition To Lower Extremity, Long Tongue Stirrup	\$ 113.65	Purchase	
L2270	Additions To Lower Extremity, Varus/Valgus Correction ("T") Strap, Padded/Lined Or Malleolus Pad	\$ 54.97	Purchase	
1 2275	Addition To Lower Extremity, Varus/Valgus Correction, Plastic Modification,	£ 400.07	Durchase	
L2275 L2280	Padded/Lined Additions To Lower Extremity, Molded Inner Boot		Purchase Purchase	
	Additions To Lower Extremity, Moded limer Boot  Additions To Lower Extremity, Abduction Bar (Bilateral Hip Involvement), Jointed,	722.12	. dronado	
L2300	Adjustable	\$ 250.99	Purchase	
L2310	Additions To Lower Extremity, Abduction Bar-Straight	\$ 128.86	Purchase	
L2320	Addition To Lower Extremity, Non-Molded Lacer, For Custom Fabricated Orthosis Only Addition To Lower Extremity, Lacer Molded To Patient Model, For Custom Fabricated	\$ 253.40	Purchase	
L2330	Orthosis Only	\$ 403.46	Purchase	
	Addition To Lower Extremity, Anterior Swing Band		Purchase	
L2340	Additions To Lower Extremity, Pre-Tibial Shell, Molded To Patient Model		Purchase	
L2350	Additions To Lower Extremity, Prosthetic Type, (Bk) Socket, Molded To Patient Model, (Used For 'Ptb' 'Afo' Orthoses)		Purchase	
L2360	Additions To Lower Extremity, Extended Steel Shank		Purchase	
L2370	Addition To Lower Extremity, Patten Bottom	\$ 247.74	Purchase	

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Code	Description	Fee		Purchase or Rental	Prior Auth Status
L2375	Addition To Lower Extremity, Torsion Control, Ankle Joint And Half Solid Stirrup	\$		Purchase	
L2380	Addition To Lower Extremity, Torsion Control, Straight Knee Joint, Each Joint	\$		Purchase	
L2385	Addition To Lower Extremity, Straight Knee Joint, Heavy Duty, Each Joint	\$	166.49	Purchase	
	Addition To Lower Extremity, Polycentric Knee Joint, For Custom Fabricated Knee Ankle				
L2387	Foot Orthosis, Each Joint	\$		Purchase	
L2390	Addition To Lower Extremity, Offset Knee Joint, Each Joint	\$	140.86	Purchase	
L2395	Addition To Lower Extremity, Offset Knee Joint, Heavy Duty, Each Joint	\$	179.41	Purchase	
L2397	Addition To Lower Extremity Orthosis, Suspension Sleeve	\$	120.05	Purchase	
L2405	Addition To Knee Joint, Drop Lock, Each	\$	87.86	Purchase	
	Addition To Knee Lock With Integrated Release Mechanism (Bail, Cable, Or Equal), Any				
L2415	Material, Each Joint	\$	136.09	Purchase	
L2425	Addition To Knee Joint, Disc Or Dial Lock For Adjustable Knee Flexion, Each Joint	\$	160.57	Purchase	
	Addition To Knee Joint, Ratchet Lock For Active And Progressive Knee Extension, Each				
L2430	Joint	\$	149.60	Purchase	
L2492	Addition To Knee Joint, Lift Loop For Drop Lock Ring	\$	123.23	Purchase	
	Additions To Lower Extremity, Thigh/Weight Bearing, Gulteal/ Ischial Weight Bearing,				
L2500	Ring	\$	304.46	Purchase	
	Additions To Lower Extremity, Thigh/Weight Bearing, Quadri- Lateral Brim, Molded To				
L2510	Patient Model	\$	701.01	Purchase	
	Additions To Lower Extremity, Thigh/Weight Bearing, Quadri- Lateral Brim, Custom				
L2520	Fitted	\$	475.81	Purchase	
	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L	<u> </u>	5.51		
L2525	Brim Molded To Patient Model	\$ 1	322 72	Purchase	
	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L	Ψ '	, , , , , , , , , , , , , , , , , , , ,	. 31011400	
L2526	Brim, Custom Fitted	\$	856 22	Purchase	
L2520	Additions To Lower Extremity, Thigh-Weight Bearing, Lacer, Non-Molded	\$			
LZ33U	Additions to Lower Extremity, imign-weight bearing, Lacer, Non-Molded	φ	ა∪∠.34	Purchase	
1.2540	Additions To Lower Extremity, Thigh Meight Dessine, Lossy Melded To Design Additions	¢	162.40	Durchago	
L2540	Additions To Lower Extremity, Thigh/Weight Bearing, Lacer, Molded To Patient Model	\$		Purchase	
L2550	Additions To Lower Extremity, Thigh/Weight Bearing, High Roll Cuff	\$	369.57	Purchase	
	Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type Two Position Joint,		.=		
L2570	Each	\$		Purchase	
L2580	Addition To Lower Etremity, Pelvic Control, Pelvic Sling	\$	585.85	Purchase	
	Additions To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type, Or Thrust Bearing,				
L2600	Free, Each	\$	215.23	Purchase	
	Additions To Lower Extremity, Pelvic Control, Hip Joint, Clevis Or Thrust Bearing, Lock,				
L2610	Each	\$	245.35	Purchase	
L2620	Additions To Lower Extremity, Pelvic Control, Hip Joint, Heavy Duty, Each	\$	258.04	Purchase	
L2622	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Each	\$	295.95	Purchase	
	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension,				
L2624	Abduction Control, Each	\$	319.58	Purchase	
	Addition To Lower Extremity, Pelvic Control, Plastic, Molded To Patient Model,				
L2627	Reciprocating Hip Joint And Cables	\$ 2	,205.90	Purchase	
	Addition To Lower Extremity, Pelvic Control, Metal Frame, Reciprocating Hip Joint And		,		
L2628	Cables	\$ 2	.155.83	Purchase	
L2630	Additions To Lower Extremity, Pelvic Control, Band And Belt, Unilateral	\$		Purchase	
L2640	Additions To Lower Extremity, Pelvic Control, Band And Belt, Bilateral	\$		Purchase	
L2650	Additions To Lower Extremity, Pelvic And Thoracic Control, Gluteal Pad, Each	\$		Purchase	
L2660	Additions To Lower Extremity, Theracic Control, Thoracic Band	\$		Purchase	
L2670	Additions To Lower Extremity, Thoracic Control, Paraspinal Uprights	\$		Purchase	
L2680	Additions To Lower Extremity, Thoracic Control, Lateral Support Uprights	\$	201.36	Purchase	
L2750	Addition To Lower Extremity Orthosis, Plating Chrome Or Nickel, Per Bar	\$	80.66	Purchase	
1.0755	Addition To Lower Extremity Orthosis, High Strength, Lightweight Material, All Hybrid	<u></u>	404.00	D	
L2755	Lamination/Prepreg Composite, Per Segment, For Custom Fabricated Orthosis Only	\$	131.66	Purchase	
1.0=05	Additions To Lower Extremity Orthoses, Extension, Per Extension, Per Bar (For Lineal		<b></b>	5 -	
L2760	Adjustment For Growth)	\$		Purchase	
L2768	Orthotic Side Bar Disconnect Device, Per Bar	\$		Purchase	
L2780	Addition To Lower Extremity Orthosis, Non-Corrosive Finish, Per Bar	\$		Purchase	
L2785	Addition To Lower Extremity Orthosis, Drop Lock Retainer, Each	\$	29.54	Purchase	
L2795	Addition To Lower Extremity Orthosis, Knee Control, Full Kneecap	\$	79.21	Purchase	
	Addition To Lower Extremity Orthosis, Knee Control, Knee Cap, Medial Or Lateral Pull,				
L2800	For Use With Custom Fabricated Orthosis Only	\$	109.06	Purchase	
L2810	Addition To Lower Extremity Orthosis, Knee Control, Condylar Pad	\$	75.38	Purchase	
	Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Below Knee				
L2820	Section	\$	107.94	Purchase	
	Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Above Knee				
L2830	Section	\$	116.77	Purchase	
L2840	Addition To Lower Extremity Orthosis, Tibial Length Sock, Fracture Or Equal, Each	\$		Purchase	
	2 ===== ==== ==== = ==== === ==========	<u> </u>			
L2850	Addition To Lower Extremity Orthosis, Femoral Length Sock, Fracture Or Equal, Each	\$	74 12	Purchase	
	Addition To Lower Extremity Joint, Knee Or Ankle, Concentric Adjustable Torsion Style	<b> </b>	, 4.10		
L2861	Mechanism For Custom Fabricated Orthotics Only, Each	Price By I	Panort		
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L2999	Lower Extremity Orthoses, Not Otherwise Specified	Price By I		Durchage	
L3000	Foot, Insert, Removable, Molded To Patient Model, "Ucb" Type, Berkeley Shell, Each	\$	316.59	Purchase	
L3001	Foot, Insert, Removable, Molded To Patient Model, Spenco, Each	\$	138.01	Purchase	

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Code	Description	Fee	Purchase or Rental	Prior Auth Status
L3002	Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Equal, Each	·	Purchase	
L3003	Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Each		Purchase	
L3010	Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arch Support, Each	\$ 175.62	Purchase	
	Foot, Insert, Removable, Molded To Patient Model, Longitudinal/ Metatarsal Support,			
L3020	Each		Purchase	
L3030	Foot, Insert, Removable, Formed To Patient Foot, Each	\$ 76.88	Purchase	
	Foot, Insert/Plate, Removable, Addition To Lower Extremity Orthosis, High Strength,			
L3031	Lightweight Material, All Hybrid Lamination/Prepreg Composite, Each		Purchase	
L3040	Foot, Arch Support, Removable, Premolded, Longitudinal, Each		Purchase	
L3050	Foot, Arch Support, Removable, Premolded, Metatarsal, Each	\$ 49.12	Purchase	
L3060	Foot, Arch Support, Removable, Premolded, Longitudinal/ Metatarsal, Each	\$ 74.35	Purchase	
L3070	Foot, Arch Support, Non-Removable Attached To Shoe, Longitudinal, Each	\$ 33.17	Purchase	
L3080	Foot, Arch Support, Non-Removable Attached To Shoe, Metatarsal, Each	\$ 33.17	Purchase	
L3090	Foot, Arch Support, Non-Removable Attached To Shoe, Longitudinal/Metatarsal, Each	\$ 40.98	Purchase	
L3100	Hallus-Valgus Night Dynamic Splint, Prefabricated, Off-The-Shelf		Purchase	
L3140	Foot, Rotation Positioning Device, Including Shoe(S)	·	Purchase	
L3150	Foot, Rotation Positioning Device, Without Shoe(S)	·	Purchase	
L3160	Foot, Adjustable Shoe-Styled Positioning Device	Price By Report		
L3170	Foot, Plastic, Silicone Or Equal, Heel Stabilizer, Prafabricated, Off-The-Shelf, Each		Purchase	
L3201	Orthopedic Shoe, Oxford With Supinator Or Pronator, Infant		Purchase	
L3201	Orthopedic Shoe, Oxford With Supinator Or Pronator, Infant Orthopedic Shoe, Oxford With Supinator Or Pronator, Child	•	Purchase	
			r ui CiidSe	
L3203	Orthopedic Shoe, Oxford With Supinator Or Pronator, Junior	Price By Report	Durchood	
L3204	Orthopedic Shoe, Hightop With Supinator Or Pronator, Infant		Purchase	
L3206	Orthopedic Shoe, Hightop With Supinator Or Pronator, Child		Purchase	
L3207	Orthopedic Shoe, Hightop With Supinator Or Pronator, Junior	Price By Report		
L3208	Surgical Boot, Each, Infant		Purchase	
L3209	Surgical Boot, Each, Child		Purchase	
L3211	Surgical Boot, Each, Junior	Price By Report		
L3212	Benesch Boot, Pair, Infant	\$ 98.99	Purchase	
L3213	Benesch Boot, Pair, Child	\$ 98.99	Purchase	
L3214	Benesch Boot, Pair, Junior	\$ 98.99	Purchase	
L3215	Orthopedic Footwear, Ladies Shoe, Oxford, Each	\$ 98.76	Purchase	
L3216	Orthopedic Footwear, Ladies Shoe, Depth Inlay, Each	\$ 108.15	Purchase	
L3217	Orthopedic Footwear, Ladies Shoe, Hightop, Depth Inlay, Each	Price By Report		
L3219	Orthopedic Footwear, Mens Shoe, Oxford, Each		Purchase	
L3221	Orthopedic Footwear, Mens Shoe, Depth Inlay, Each		Purchase	
L3222	Orthopedic Footwear, Mens Shoe, Hightop, Depth Inlay, Each	\$ 142.88	Purchase	
LOZZZ	Orthopedic Footwear, Woman'S Shoe, Oxford, Used As An Integral Part Of A Brace	Ψ 1-2.00	i dicilase	
L3224	(Orthosis)	\$ 59.01	Purchase	
L3224	Orthopedic Footwear, Man'S Shoe, Oxford, Used As An Integral Part Of A Brace	φ 59.01	Fulcilase	
L3225	(Orthosis)	\$ 76.07	Purchase	
	Orthopedic Footwear, Custom Shoe, Depth Inlay, Each	·		
L3230	1	φ 113.72	Purchase	
1 2250	Orthopedic Footwear, Custom Molded Shoe, Removable Inner Mold, Prosthetic Shoe,	Drice Dy Depart		
L3250	Each Claudin T. B. Carlotte Claudin T. B. Car	Price By Report		
L3251	Foot, Shoe Molded To Patient Model, Silicone Shoe, Each	Price By Report		
1.0050		A 400.00	5 1	
L3252	Foot, Shoe Molded To Patient Model, Plastazote (Or Similar), Custom Fabricated, Each		Purchase	
	Foot, Molded Shoe Plastazote (Or Similar) Custom Fitted, Each		Purchase	
L3254	Non-Standard Size Or Width	Price By Report		
L3255	Non-Standard Size Or Length	Price By Report		
L3257	Orthopedic Footwear, Additional Charge For Split Size		Purchase	
L3260	Surgical Boot/Shoe, Each		Purchase	
L3265	Plastazote Sandal, Each	\$ 38.96	Purchase	
L3300	Lift, Elevation, Heel, Tapered To Metatarsals, Per Inch	\$ 54.41	Purchase	
L3310	Lift, Elevation, Heel And Sole, Neoprene, Per Inch	\$ 82.04	Purchase	
L3320	Lift, Elevation, Heel And Sole, Cork, Per Inch	\$ 118.42	Purchase	
L3330	Lift, Elevation, Metal Extension (Skate)		Purchase	
L3332	Lift, Elevation, Inside Shoe, Tapered, Up To One-Half Inch		Purchase	
L3334	Lift, Elevation, Heel, Per Inch		Purchase	
L3340	Heel Wedge, Sach		Purchase	
L3350	Heel Wedge		Purchase	
L3360	Sole Wedge, Outside Sole		Purchase	
L3370	Sole Wedge, Between Sole			
			Purchase	
L3380	Clubfoot Wedge		Purchase	
L3390	Outflare Wedge		Purchase	
L3400	Metatarsal Bar Wedge, Rocker		Purchase	
L3410	Metatarsal Bar Wedge, Between Sole		Purchase	
L3420	Full Sole And Heel Wedge, Between Sole		Purchase	
L3430	Heel, Counter, Plastic Reinforced		Purchase	
L3440	Heel, Counter, Leather Reinforced		Purchase	
L3450	Heel, Sach Cushion Type		Purchase	
L3455	Heel, New Leather, Standard		Purchase	
L3460	Heel, New Rubber, Standard	\$ 35.86	Purchase	
L3465	Heel, Thomas With Wedge	\$ 61.06	Purchase	
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Heel, Thomas Extended To Ball   \$ 65.00 Purchase	Code	Description	Ea		Purchase or Rental	Prior Auth Status
1,948   1,948   Park And Reprovedes for Spizer   \$ 1,338   Purchase		Description Heel Thomas Extended To Ball				Prior Auth Status
1.4865   Nelse, Paul, Removable for Spur   \$ 1.33.8   Purchase			<u> </u>			
Unitopedic Stoce Addition, teole, Rether  5 30.50 Physichese  5 30.50 Physichese  5 30.50 Physichese  5 30.50 Physichese  5 30.57 Physichese  6 30.57 Physichese  7 90.57 Physichese  8 90.57 Physichese  9 90		, ,				
Orthopade Shoe Addition, Inselle, Richbert   S. 33.17   Purchase						
Jacobs Chrispedic Shoe Addition, Nosie, Fall Covered With Learner   \$ 33.17 Purchase   Jacobs Chrispedic Shoe Addition, Solo, Half   \$ 33.17 Purchase   Jacobs Chrispedic Shoe Addition, Solo, Half   \$ 5.73 Purchase   Jacobs Chrispedic Shoe Addition, Solo, Half   \$ 5.73 Purchase   Jacobs Chrispedic Shoe Addition, Solo, Full   \$ 5.73 Purchase   Jacobs Chrispedic Shoe Addition, Solo, Full   \$ 5.73 Purchase   Jacobs Chrispedic Shoe Addition, Chrispedic Shoe Addition, American Inspire Outcomer   \$ 5.74 Purchase   Jacobs Chrispedic Shoe Addition, Christophia Shoe Addition, March Bar   Jacobs Chrispedic Shoe Addition, March Bar   \$ 5.74 Purchase   Jacobs Chrispedic Shoe Addition, March Bar   \$ 5.74 Purchase   Jacobs Christophia Shoe Addition, March Bar   \$ 5.74 Purchase   Jacobs Christophia Shoe Addition, March Bar   Jacobs Christophia Shoe		•	<u> </u>			
Unimpedic Stene Addition, 20th page   Stene Addition, 20						
Chrispetic Shoe Addition, Sole, Full   S. 51.28   Purchase		•				
Ombopedic Shoe Addition, Too Tap, Horseshoe  3, 23,55 Purchase  3, 23,57 Purchase  4, 23,	L3540		\$			
Orthopedic Shee Addition, Convent History To Vittor Closure   3,850 Orthopedic Shee Addition, Convent History To Vittor Closure   3,850 Orthopedic Shee Addition, Convent History To Vittor Closure   3,850 Orthopedic Shee Addition, Convent History To Vittory Closure   3,857 April Purchase	L3550	Orthopedic Shoe Addition, Toe Tap Standard	\$	9.32	Purchase	
Ombopedic Shoe Addition, Convert Image To Votero Closure  3	L3560	Orthopedic Shoe Addition, Toe Tap, Horseshoe	\$	23.85	Purchase	
Orthopedic Shoe Addition, Convert Firm Shoe Counter 1 S SAT Counter 5 S 57.74 Purchase 2 1,395 Orthopedic Shoe Addition, March Bar 2 1,395 Orthopedic Shoe Addition, March Bar 3 1,395 Orthopedic Shoe Addition, Annual Shoe 1 Shoe Addition, March Bar 3 1,395 Orthopedic Shoe Addition, Annual Shoe 1 Shoe Addition Orthopedic Shoe Addition, Annual Shoe 1 Shoe Addition Orthopedic Shoe Addition, Annual Shoe 1 Shoe Addition Orthopedic Shoe Addition Or	L3570	Orthopedic Shoe Addition, Special Extension To Instep (Leather With Eyelets)	\$	88.90	Purchase	
3.0390   Transfer Of An Orthosas From One Shore 1 Another, Caliper Plate, Existing   \$ 78.05   Purchase	L3580	Orthopedic Shoe Addition, Convert Instep To Velcro Closure	\$	67.67	Purchase	
Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, Existing   \$ 76.60   Purchase		•	<u> </u>			
Transfer Of An Orhosis From One Shoe To Another, Caliper Pletie, New   \$ 104.84   Purchase		•				
Transfer Of An Orthosis From One Shoe To Another, Solid Stirrup, New   \$ 194.64 Purchase			<u> </u>			
Transfer Of An Orthosis From One Shoe To Another, Solid Sitrup, New \$ 104.84 Purchase   Transfer Of An Orthosis From One Shoe To Another, Dennis Browne Splint (Riveton), \$ 45.11 Purchase   Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Prefabricated, Off-The-Shoff   Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Prefabricated, Off-The-Shoff   Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Prefabricated, Off-The-Shoff   Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Carway And Webbing, Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Carway And Webbing, Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Carway And Webbing, Shoulder Orthosis, Acronic Clarical And Addustment   Shoulder Orthosis, Acronic Clarical And Addustment   Shoulder Orthosis, Custom Fabricated, Includes Filling And Adjustment   Shoulder Orthosis, Vest Type Abduction Restrainer, Carwas Webbing Type Or Equal, Shoulder Orthosis, Shoulder Joint Design, Without Joins, May Include Soft Interface, Strape, Prefabricated Iden That Has Been Trimed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise   Shoulder Orthosis, Shoulder Joint Design, Without Joins, May Include Soft Interface, Strape, Prefabricated Iden That Has Been Trimed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise   Shoulder Orthosis, Without Joins, May Indude Soft Interface, Strape, Custom Fabricated   Elbow Orthosis, Without Joins, May Indude Soft Interface, Strape, Custom Fabricated   Elbow Orthosis, Without Joins, May Indude Soft Interface, Strape, Custom Fabricated   Elbow Orthosis, Debught With Forearm/Arm Cuffs, Adjustable Position Lock With   Acrive Control, Custom—Fabricated   El			<u> </u>			
Transfer Of An Orthools From One Shoe To Another, Dennis Browne Splint (Riveton),   \$ 45.11			<u> </u>			
Soft Shoes   S	L3630		\$	104.84	Purchase	
Orthopedic Shoe, Modification, Addition Or Transfer, Not Otherwise Specified   Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Perlabricated, Off-The-Shelf   Shulder Orthosis, Figure Of Eight Design Abduction Restrainer, Canvas And Webbing, Shelf   Shulder Orthosis, Figure Of Eight Design Abduction Restrainer, Canvas And Webbing, Prefabricated, Off-The-Shelf   Shoulder Orthosis, Figure Off Eight Design Abduction Restrainer, Canvas And Webbing, Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   Straps, Custom Fabricated, Includes Fitting And Adjustment   Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Orthosis, Chicagos Fitting And Adjustment   Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Prefabricated them That Has Been Trimmed, Bent, Molded, Assambled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise   Shoulder Orthosis, Prefabricated Home Fitting And Adjustment   Shoulder Orthosis, Without Joints, May Include Soft Interface, Straps, Prefabricated Home Fitting And Adjustment   Shoulder Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   Shoulder Soft May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   Shoulder Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   Shoulder Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   Shoulder Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   Shoulder Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   Shoulder Joi	1.0040			45.44	5 .	
Shoulder Orthosis, Figure Of Eight Design Adduction Restrainer, Prefabricated, Off-The-Shot Shoulder Orthosis, Figure Of Eight Design Adduction Restrainer, Canvas And Webbing, Shoulder Orthosis, Figure Of Eight Design Adduction Restrainer, Canvas And Webbing Shoulder Orthosis, Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Shoulder Orthosis, Shoulder Orthosis, Shoulder Orthosis, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Shoulder Orthosis, Shoulder Orthosis, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Prefabricated Interface, Straps, Custom Fabricated, Straps, Prefabricated Interface, Straps, Custom Fabricated, Straps, Prefabricated, Off-The-Shell Ebow Orthosis, Shoulder Joint, Sky Include Soft Interface, Straps, Custom Fabricated, Straps, Prefabricated, Off-The-Shell Ebow Orthosis, Shoulder Joint, Sky Include Soft Interface, Straps, Custom Fabricated, Straps, Double Upright With Forearm/Arm Cuffs, Free Motion, Custom-Fabricated Straps, Prefabricated, Off-The-Shell Ebow Orthosis, Shoulder Joint, Sky Include Soft Interface, Straps, Custom Fabricated, Off-The-Shell Ebow Orthosis (Ed), With Adjustable Position Locking, Joint(S), Prefabricated, Off-The-Shell Ebow Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Ebow Wirst Hand Or					Purchase	
Shelf   Shel	L3649		Pri	ісе ву кероп		
Shoulder Othesis, Floure Of Eight Design Abduction Restrainer, Carwas And Webbing, Shoulder Othesis, Acromic Clavicular (Carwas And Webbing Type), Prefabricated, Off- Shoulder Othesis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Othesis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Othesis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Othesis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Filting And Adjustment Shoulder Othesis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Filting And Adjustment Shoulder Othesis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Prefabricated, Includer Joint Design, Without Joints, May Include Soft Interface, Straps, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Dr. Other Customized To Flat Specific Plant By An Individual With Expertise Shoulder Othesis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Prefabricated, Straps, Without Joints, May Include Soft Interface, Straps, Prefabricated, Straps, Without Joints, May Include Soft Interface, Straps, Prefabricated, Straps, Without Joints, May Include Soft Interface, Straps, Prefabricated, Straps, Without Joints, May Include Soft Interface, Straps, Prefabricated, Straps, Without Joints, May Include Soft Interface, Straps, Prefabricated, Straps, Without Joints, May Include Soft Interface, Straps, Custom Fabricated Elbow Othrosis, Duble Upright With Forearm/Arm Cuffs, Free Mension/ Flexion Assist, Custom-Fabricated Elbow Othrosis, Duble Upright With Forearm/Arm Cuffs, Fee Mension/ Flexion Assist, Custom-Fabricated Elbow Othrosis, Produce Upright With Forearm/Arm Cuffs, Straps, Custom Fabricated, Include Soft Interface, Straps, Straps, Custom Fabricated, Include Soft Interface, Straps, Custom Fabricated, Includes Soft Interface, Straps, Custom Fabricated, I	1 2650	, , , , , , , , , , , , , , , , , , , ,	Ф	5/ 11	Durchaco	
Prefabricated, Off-The-Shelf   Shoulder Orthosis, Aproxino Clavicular (Canvas And Webbing Type), Prefabricated, Off- The-Shelf   Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Orthosis, Vest Type Adduction Restrainer, Canvas Webbing Type Or Equal, Prefabricated, Off-The-Shelf   Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Shoulder Orthosis, Without Joints, May Include Soft Interface, Shoulder String And Adjustment Shoulder Orthosis, Shoulder Joint, Prefabricated, Off-The-Shelf Shelf She	L3030		Φ	34.11	Fulchase	
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Section   Sect	L3674	Straps, Custom Fabricated, Includes Fitting And Adjustment	\$	1,122.53	Purchase	
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Includes Fitting And Adjustment   \$ 283.24   Purchase	L3678		Pri	ice By Report		
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Elbow Orthosis (Eo), With Adjustable Position Locking Joint(S), Prefabricated, Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise Elbow Orthosis (Eo), With Adjustable Position Locking Joint(S), Prefabricated, Off-The-Shelf Shelf Elbow Orthosis, Rigid, Without Joints, Includes Soft Interface Material, Prefabricated, Off-The-Shelf The-Shelf Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, In	L3740	, , ,	\$	1,009.30	Purchase	
Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  Elbow Orthosis (Eo), With Adjustable Position Locking Joint(S), Prefabricated, Off-The-Shelf  Elbow Orthosis, Rigid, Without Joints, Includes Soft Interface Material, Prefabricated, Off-The-Shelf  Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment  Straps, Cust				· · · · · · · · · · · · · · · · · · ·		
Eibow Orthosis (Eo), With Adjustable Position Locking Joint(S), Prefabricated, Off-The-Shelf  Eibow Orthosis, Rigid, Without Joints, Includes Soft Interface Material, Prefabricated, Off-The-Shelf  Eibow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Eibow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Eibow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Eibow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Eibow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment  Straps, Purchase						
Elbow Orthosis, Rigid, Without Joints, Includes Soft Interface Material, Prefabricated, Off- The-Shelf Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment  \$ 355.99 Purchase	L3760	Specific Patient By An Individual With Expertise	\$	458.75	Purchase	
Elbow Orthosis, Rigid, Without Joints, Includes Soft Interface Material, Prefabricated, Off-The-Shelf Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Includes Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment Wrist Hand Finger Orthosis, Without Joints, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment		Elbow Orthosis (Eo), With Adjustable Position Locking Joint(S), Prefabricated, Off-The-				
L3762 The-Shelf  Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment  \$ 229.34 Purchase  Purchase  Purchase  Purchase  ### Support	L3761	Shelf	\$	474.25	Purchase	
Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment  \$ 229.34 Purchase		Elbow Orthosis, Rigid, Without Joints, Includes Soft Interface Material, Prefabricated, Off-				
L3763 Custom Fabricated, Includes Fitting And Adjustment  Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes  L3766 Fitting And Adjustment  Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment  Straps, Custom Fabricated, Includes Fitting And Adjustment  \$ 355.99 Purchase	L3762		\$	98.62	Purchase	
Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 729.18 Purchase  Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 1,217.66 Purchase  Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 1,289.41 Purchase  Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 445.59 Purchase  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise \$ 229.34 Purchase  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 355.99 Purchase	1.0700	, 9 , , , , , , , , , , , , , , , , , ,	_	050.00	Donahaa	
Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 729.18 Purchase  Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 1,217.66 Purchase  Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 1,289.41 Purchase  Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 445.59 Purchase  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise \$ 229.34 Purchase  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 355.99 Purchase	L3763	_ :	\$	658.93	Purchase	
L3764 Adjustment \$ 729.18 Purchase  Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 1,217.66 Purchase  Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 1,289.41 Purchase  Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 445.59 Purchase  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise \$ 229.34 Purchase  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 355.99 Purchase						
Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment  \$ 355.99  Purchase	1 2764			720.40	Purchasa	
L3765 Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 1,217.66 Purchase  Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 1,289.41 Purchase  Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 445.59 Purchase  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise \$ 229.34 Purchase  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 355.99 Purchase	L3/04		Φ	129.10	i uitilase	
Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment  \$ 355.99  Purchase	1 3765	, , , , , , , , , , , , , , , , , , , ,	\$	1 217 66	Purchase	
Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment  \$ 355.99  Purchase	_0,00		Ψ	1,217.00	. 31011400	
L3766 Fitting And Adjustment \$ 1,289.41 Purchase  Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 445.59 Purchase  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise \$ 229.34 Purchase  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 355.99 Purchase						
Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment  \$ 355.99  Purchase	L3766		\$	1,289.41	Purchase	
Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment  \$ 355.99 Purchase			ŕ	,		
L3806 Includes Fitting And Adjustment \$ 445.59 Purchase  Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise \$ 229.34 Purchase  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; L3808 Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 355.99 Purchase						
Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment \$355.99 Purchase	L3806		\$	445.59	Purchase	
L3807 By An Individual With Expertise \$ 229.34 Purchase  Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; L3808 Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 355.99 Purchase						
Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; L3808 Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 355.99 Purchase						
L3808 Straps, Custom Fabricated, Includes Fitting And Adjustment \$ 355.99 Purchase	L3807		\$	229.34	Purchase	
	l		l .	·		
L3809   Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated, Off-The-Shelf, Any Type   \$ 247.71   Purchase						
	L3809	Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated, Off-The-Shelf, Any Type	\$	247.71	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
Code	Addition To Upper Extremity Joint, Wrist Or Elbow, Concentric Adjustable Torsion Style	ree	Purchase of Rental	Prior Auth Status
L3891	Mechanism For Custom Fabricated Orthotics Only, Each	Price By Report		
	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion,	, ,		
L3900	Finger Flexion/Extension, Wrist Or Finger Driven, Custom-Fabricated	\$ 1,221.98	Purchase	
	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion,			
L3901	Finger Flexion/Extension, Cable Driven, Custom-Fabricated		Purchase	
L3904	Wrist Hand Finger Orthosis, External Powered, Electric, Custom-Fabricated Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands,	\$ 3,087.40	Purchase	
	Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And			
L3905	Adjustment	\$ 972.77	Purchase	
	Wrist Hand Orthosis, Without Joints, May Include Soft Interface, Straps, Custom			
L3906	Fabricated, Includes Fitting And Adjustment	\$ 373.04	Purchase	
	Wrist Hand Orthosis, Wrist Extension Control Cock-Up, Non Molded, Prefabricated, Off-			
L3908	The-Shelf	\$ 54.65	Purchase	
L3912	Hand Finger Orthosis (Hfo), Flexion Glove With Elastic Finger Control, Prefabricated, Off- The-Shelf	\$ 86.52	Purchase	
L0012	Hand Finger Orthosis, Without Joints, May Include Soft Interface, Straps, Custom	Ψ 00.32	i dicilase	
L3913	Fabricated, Includes Fitting And Adjustment	\$ 265.66	Purchase	
	Wrist Hand Orthosis, Includes One Or More Nontorsion Joint(S), Elastic Bands,			
	Turnbuckles, May Include Soft Interface, Straps, Prefabricated Item That Has Been			
	Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient			
L3915	By An Indiv		Purchase	
L3916	Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Elastic Bands	\$ 526.66	Purchase	
	Hand Orthosis, Metacarpal Fracture Orthosis, Prefabricated Item That Has Been			
1 0047	Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient	ф 400 F0	Donahara	
L3917 L3918	By An Individual With Expertise  Hand Finger Orthosis, Metacarpal Fracture Orthosis, Prefabricated, Off-The- Shelf		Purchase Purchase	
L3910	Hand Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated,	φ 104.62	Fulcilase	
L3919	Includes Fitting And Adjustment	\$ 265.66	Purchase	
200.0	Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands,	Ψ 200.00		
	Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And			
L3921	Adjustment	\$ 305.00	Purchase	
	Hand Finger Orthosis, Without Joints, May Include Soft Interface, Straps, Prefabricated			
	Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To			
L3923	Fit A Specific Patient By An Individual With Expertise	\$ 79.35	Purchase	
L3924	Hand Finger Orthosis, Without Joints, May Include Soft Interface, Straps, And Adjustable	\$ 85.70	Purchase	
L3324	Finger Orthosis, Proximal Interphalangeal (Pip)/Distal Interphalangeal (Dip), Non Torsion	Φ 65.70	Fulcilase	
	Joint/Spring, Extension/Flexion, May Include Soft Interface Material, Prefabricated, Off-			
L3925	The-Shelf	\$ 48.14	Purchase	
	Finger Orthosis, Proximal Interphalangeal (Pip)/Distal Interphalangeal (Dip), Without			
	Joint/Spring, Extension/Flexion (E.G. Static Or Ring Type), May Include Soft Interface			
L3927	Material, Prefabricated, Off-The-Shelf	\$ 34.30	Purchase	
	Hand Finger Orthogic Includes One Or Mare Negtories Isint/C) Turnbuckles Floatie			
	Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Prefabricated Item That Has			
L3929	Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific	\$ 76.25	Purchase	
20020	Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles,	Ψ .0.20		
L3930	Prefabricated, Includes Fitting And Adjustment	\$ 77.03	Purchase	
	Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles,			
	Elastic Bands/Springs, May Include Soft Interface Material, Straps, Prefabricated,			
L3931	Includes Fitting And Adjustment	\$ 182.37	Purchase	
	Finger Orthosis, Without Joints, May Include Soft Interface, Custom Fabricated, Includes	<b>*</b> 000.00	D 1	
L3933	Fitting And Adjustment	\$ 209.30	Purchase	
L3935	Finger Orthosis, Nontorsion Joint, May Include Soft Interface, Custom Fabricated, Includes Fitting And Adjustment	\$ 216.76	Purchase	
L3956	Addition Of Joint To Upper Extremity Orthosis, Any Material; Per Joint	Price By Report	Fulcilase	
	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Airplane Design,	. noo by report		
L3960	Prefabricated, Includes Fitting And Adjustment	\$ 694.04	Purchase	
<u> </u>	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Without Joints, May Include			
L3961	Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 1,595.49	Purchase	
	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Erbs Palsey Design,			
L3962	Prefabricated, Includes Fitting And Adjustment	\$ 677.58	Purchase	
	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic			
L3967	Component And Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 1,883.74	Purchase	
20301	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Includes One Or More	ψ 1,000.74	i diciidac	
	Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps,			
L3971	Custom Fabricated, Includes Fitting And Adjustment	\$ 1,788.07	Purchase	
	, , , , , , , , , , , , , , , , , , ,	•		
	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic			
	Component And Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands,			
	Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting	\$ 1,883.74	Purchase	
L3973	· · · · · · · · · · · · · · · · · · ·			
L3973 L3975	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 1,595.49	Purchase	

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Code	Description	Fee		Purchase or Rental	Prior Auth Status
	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design),				
	Thoracic Component And Support Bar, Without Joints, May Include Soft Interface,				
L3976	Straps, Custom Fabricated, Includes Fitting And Adjustment	\$	1,595.49	Purchase	
	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Includes One Or				
	More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps,				
L3977	Custom Fabricated, Includes Fitting And Adjustment	\$	1,788.07	Purchase	
	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design),				
	Thoracic Component And Support Bar, Includes One Or More Nontorsion Joints, Elastic				
	Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes				
L3978	Fitting	\$	1,883.74	Purchase	
	Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Fitting And				
L3980	Adjustment	\$	282.02	Purchase	
	Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Shoulder Cap				
	Design, With Or Without Joints, Forearm Section, May Include Soft Interface, Straps,				
L3981	Includes Fitting And Adjustments	\$	957.81	Purchase	
	Upper Extremity Fracture Orthosis, Radius/Ulnar, Prefabricated, Includes Fitting And				
L3982	Adjustment	\$	348.69	Purchase	
		*			
L3984	Upper Extremity Fracture Orthosis, Wrist, Prefabricated, Includes Fitting And Adjustment	\$	360.78	Purchase	
L3995	Addition To Upper Extremity Orthosis, Sock, Fracture Or Equal, Each	\$		Purchase	
L3999	Upper Limb Orthosis, Not Otherwise Specified		By Report	. aronaco	+
L4000	Replace Girdle For Spinal Orthosis (Ctlso Or So)	\$		Purchase	+
L4000 L4002		\$		Purchase	
	Replacement Strap, Any Orthosis, Includes All Components, Any Length, Any Type				1
L4010	Replace Trilateral Socket Brim	\$		Purchase	
L4020	Replace Quadrilateral Socket Brim, Molded To Patient Model	\$		Purchase	
L4030	Replace Quadrilateral Socket Brim, Custom Fitted	\$		Purchase	
L4040	Replace Molded Thigh Lacer, For Custom Fabricated Orthosis Only	\$		Purchase	
L4045	Replace Non-Molded Thigh Lacer, For Custom Fabricated Orthosis Only	\$		Purchase	
L4050	Replace Molded Calf Lacer, For Custom Fabricated Orthosis Only	\$	398.42	Purchase	
L4055	Replace Non-Molded Calf Lacer, For Custom Fabricated Orthosis Only	\$	257.99	Purchase	
L4060	Replace High Roll Cuff	\$	408.94	Purchase	
L4070	Replace Proximal And Distal Upright For Ako	\$	271.59	Purchase	
L4080	Replace Metal Bands Kafo-Afo, Proximal Thigh	\$	97.61	Purchase	
L4090	Replace Metal Bands Kafo-Afo, Calf Or Distal Thigh	\$	87.16	Purchase	
L4100	Replace Leather Cuff Kafo, Proximal Thigh	\$	100.67	Purchase	
L4110	Replace Leather Cuff Kafo-Afo, Calf Or Distal Thigh	\$		Purchase	
L4130	Replace Pretibial Shell	\$		Purchase	
L4205	Repair Of Orthotic Device, Labor Component, Per 15 Minutes	\$		Purchase	
L4210	Repair Of Orthotic Device, Repair Or Replace Minor Parts	\$		Purchase	
L1210	Ankle Control Orthosis, Stirrup Style, Rigid, Includes Any Type Interface (E.G.,	Ψ	10.00	T Grondoo	
L4350	Pneumatic, Gel), Prefabricated, Off-The-Shelf	\$	83 33	Purchase	
L 1000	Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without	Ψ	00.00	i dionado	
	Interface Material, Prefabricated Item That Has Been Trimmed, Bent, Molded,				
	Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With				
L4360	Expertise	\$	278 54	Purchase	
	Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without	Ψ	2.0.0.		
L4361	Interface Material, Prefabricated, Off-The-Shelf	\$	300.85	Purchase	
L4370	Pneumatic Full Leg Splint, Prefabricated, Off-The-Shelf	\$		Purchase	
L4370	Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface	Ψ	199.04	i dicilase	
	Material, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or	Ī			
L4386		\$	150 90	Purchase	
L4300	Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	Ψ	109.00	i uitilase	
L4387	Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface	\$	170 50	Durchasa	
	Material, Prefabricated, Off-The-Shelf  Papilosoment, Soft Interface Material, Static Afo.			Purchase	
L4392	Replacement, Soft Interface Material, Static Afo	\$		Purchase	1
L4394	Replace Soft Interface Material, Foot Drop Splint	\$	17.59	Purchase	-
		Ī			
	Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For	Ī			
1 4000	Fit, For Positioning, May Be Used For Minimal Ambulation, Prefabricated Item That Has				
L4396	Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific	\$	166.10	Purchase	
		Ī			
1 400=	Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For				
L4397	Fit, For Positioning, May Be Used For Minimal Ambulation, Prefabricated, Off-The-Shelf	\$		Purchase	
L4398	Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf	\$	79.19	Purchase	
	Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom,	Ī			
	Anterior Tibial Shell, Soft Interface, Custom Arch Support, Plastic Or Other Material,	<b> </b>		L .	
L4631	Includes Straps And Closures, Custom Fabricated	\$		Purchase	
L5000	Partial Foot, Shoe Insert With Longitudinal Arch, Toe Filler	\$		Purchase	
L5010	Partial Foot, Molded Socket, Ankle Height, With Toe Filler	\$		Purchase	
L5020	Partial Foot, Molded Socket, Tibial Tubercle Height, With Toe Filler	\$	2,327.36	Purchase	
L5050	Ankle, Symes, Molded Socket, Sach Foot	\$	2,559.74	Purchase	
L5060	Ankle, Symes, Metal Frame, Molded Leather Socket, Articulated Ankle/Foot	\$	3,469.52	Purchase	
L5100	Below Knee, Molded Socket, Shin, Sach Foot	\$	2,308.28	Purchase	
	Below Knee, Plastic Socket, Joints And Thigh Lacer, Sach Foot	\$	3,918.29	Purchase	
L5105	Delow Miles, Flastic Cocket, Collis Alla Milgit Eacer, Cachi Foot	-			
L5105	Knee Disarticulation (Or Through Knee), Molded Socket, External Knee Joints, Shin,	*			
L5105 L5150	· · · · · · · · · · · · · · · · · · ·	\$	3,999.19	Purchase	

Codo	Description	Ess	Durchase or Pontal	Drior Auth Status
Code	Description  Knee Disarticulation (Or Through Knee), Molded Socket, Bent Knee Configuration,	Fee	Purchase or Rental	Prior Auth Status
L5160	External Knee Joints, Shin, Sach Foot	\$ 4,404.15	Purchase	
L5200	Above Knee, Molded Socket, Single Axis Constant Friction Knee, Shin, Sach Foot		Purchase	
L0200	Above Knee, Short Prosthesis, No Knee Joint ("Stubbies"), With Foot Blocks, No Ankle	φ 0,000.00	i dicilase	
L5210	Joints, Each	\$ 2,689.21	Purchase	
	Above Knee, Short Prosthesis, No Knee Joint ("Stubbies"), With Articulated Ankle/Foot,	, , , , , , , , , , , , , , , , , , , ,		
L5220	Dynamically Aligned, Each	\$ 3,098.66	Purchase	
	Above Knee, For Proximal Femoral Focal Deficiency, Constant Friction Knee, Shin, Sach			
L5230	Foot	\$ 5,215.10	Purchase	
	Hip Disarticulation, Canadian Type; Molded Socket, Hip Joint, Single Axis Constant			
L5250	Friction Knee, Shin, Sach Foot	\$ 6,700.98	Purchase	
	Hip Disarticulation, Tilt Table Type; Molded Socket, Locking Hip Joint, Single Axis			
L5270	Constant Friction Knee, Shin, Sach Foot	\$ 6,112.51	Purchase	
. ====	Hemipelvectomy, Canadian Type; Molded Socket, Hip Joint, Single Axis Constant			
L5280 L5301	Friction Knee, Shin, Sach Foot		Purchase	
L3301	Below Knee, Molded Socket, Shin, Sach Foot, Endoskeletal System  Knee Disarticulation (Or Through Knee), Molded Socket, Single Axis Knee, Pylon, Sach	\$ 2,301.67	Purchase	
L5312	Foot, Endoskeletal System	\$ 3,749.81	Purchase	
L3312	Above Knee, Molded Socket, Open End, Sach Foot, Endoskeletal System, Single Axis	ψ 3,743.01	i dicilase	
L5321	Knee	\$ 3,648.66	Purchase	
20021	Hip Disarticulation, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint,	φ 0,010.00	T GIOTIGOO	
L5331	Single Axis Knee, Sach Foot	\$ 5,760.10	Purchase	
	Hemipelvectomy, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint,	, , , , ,		
L5341	Single Axis Knee, Sach Foot	\$ 6,237.02	Purchase	
	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including			
L5400	Fitting, Alignment, Sus- Pension, And One Cast Change, Below Knee	\$ 1,261.81	Purchase	
	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including			
	Fitting, Alignment And Suspension, Below Knee, Each Additional Cast Change And			
L5410	Realignment	\$ 429.58	Purchase	
	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including			
L5420	Fitting, Alignment And Sus- Pension And One Cast Change Ak Or Knee Disarticulation	\$ 1,757.65	Purchase	
	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Incl Fitting,			
	Alignment And Supension, "Ak" Or Knee Disarticulation, Each Additional Cast Change			
L5430	And Realignment	\$ 517.39	Purchase	
1.5.450	Immediate Post Surgical Or Early Fitting, Application Of Non- Weight Bearing Rigid	A 500 77	D 1	
L5450	Dressing, Below Knee	\$ 503.77	Purchase	
L5460	Immediate Post Surgical Or Early Fitting, Application Of Non- Weight Bearing Rigid Dressing, Above Knee	\$ 590.02	Purchase	
L3400	Initial, Below Knee "Ptb" Type Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot,	\$ 390.02	ruicilase	
L5500	Plaster Socket, Direct Formed	\$ 1,739.55	Purchase	
	Initial, Above Knee - Knee Disarticulation, Ischial Level Socket, 'Usmc' Or Equal Pylon,	ψ 1,700.00	T GIOTIGOO	
L5505	No Cover, Sach Foot Plaster Socket, Direct Formed	\$ 2,024.87	Purchase	
	Preparatory, Below Knee "Ptb" Type Socket, 'Usmc' Or Equal Pylon, No Cover, Sach	, , , , , ,		
L5510	Foot, Plaster Socket, Molded To Model	\$ 1,733.21	Purchase	
	Preparatory, Below Knee "Ptb" Type Socket, "Usmc" Or Equal Pylon, No Cover, Sach			
L5520	Foot, Thermoplastic Or Equal, Direct Formed	\$ 1,478.56	Purchase	
	Preparatory, Below Knee "Ptb" Type Socket, "Usmc" Or Equal Pylon, No Cover, Sach			
L5530	Foot, Thermoplastic Or Equal, Molded To Model	\$ 1,945.82	Purchase	
	Preparatory, Below Knee "Ptb" Type Socket, Usmc Or Equal Pylon, No Cover, Sach			
L5535	Foot, Prefabricated, Adjustable Open End Socket	\$ 1,743.58	Purchase	
	Preparatory, Below Knee "Ptb" Type Socket, "Usmc" Or Equal Pylon, No Cover, Sach	_		
L5540	Foot, Laminated Socket, Molded To Model	\$ 2,017.44	Purchase	
. ====	Preparatory, Above Knee- Knee Disarticulation, Ischial Level Socket, "Usmc" Or Equal			
L5560	Pylon, No Cover, Sach Foot, Plaster Socket, Molded To Model	\$ 2,441.68	Purchase	
L5570	Preparatory, Above Knee-Knee Disarticulation, Ischial Level Socket, "Usmc" Or Equal	\$ 2,642.33	Durchaso	
L3370	Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Direct Formed	φ ∠,04∠.33	Purchase	1
L5580	Preparatory, Above Knee-Knee Disarticulation Ischial Level Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Molded To Model	\$ 2,866.97	Purchase	
	Preparatory, Above Knee-Knee Disarticulation, Ischial Level Socket, "Usmc" Or Equal	Ψ 2,000.97	i dionaso	+
L5585	Pylon, No Cover, Sach Foot, Prefabricated Adjustable Open End Socket	\$ 2,975.75	Purchase	
	Preparatory, Above Knee-Knee Disarticulation Ischial Level Socket, "Usmc" Or Equal	2,510.10		+
L5590	Pylon No Cover, Sach Foot, Laminated Socket, Molded To Model	\$ 3,049.16	Purchase	
	Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No Cover, Sach Foot,	2,212.70		1
L5595	Thermoplastic Or Equal, Molded To Patient Model	\$ 4,139.91	Purchase	
	Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No Cover, Sach Foot,			
L5600	Laminated Socket, Molded To Patient Model	\$ 4,571.71	Purchase	
L5610	Additions To Lower Extremity, Above Knee, Hydracadence		Purchase	
	Addition To Lower Extremity, Above Knee-Knee Disarticulation, 4 Bar Linkage, With			
L5611	Friction Swing Phase Control	\$ 2,133.57	Purchase	<u> </u>
	Addition To Lower Extremity, Above Knee-Knee Disarticulation, 4 Bar Linkage, With			
L5613	Hydraulic Swing Phase Control		Purchase	
L5614	Additions To Lower Extremity, Above Knee, Disarticulation, 4-Bar Link	\$ 1,764.22	Purchase	
l. <b>-</b>	Additions To Lower Extremity, Above Knee, Universal Multiplex System, Friction Swing	_	_	
L5616	Phase Control	\$ 1,833.61	Purchase	1

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Code	Description	Fee		Purchase or Rental	Prior Auth Status
L5617	Addition To Lower Extremity, Quick Change Self-Aligning Unit, Above Knee Or Below Knee, Each	\$	E02 16	Purchase	
L5618	Additions To Lower Extremity, Test Socket, Symes	\$		Purchase	
L5620	Additions To Lower Extremity, Test Socket, Syries  Additions To Lower Extremity, Test Socket, Below Knee	\$		Purchase	
L5622	Additions To Lower Extremity, Test Socket, Knee Disarticulat- Ion	\$		Purchase	
L5624	Additions To Lower Extremity, Test Socket, Above Knee	\$		Purchase	
L5626	Additions To Lower Extremity, Test Socket, Hip Disarticulation	\$		Purchase	
L5628	Additions To Lower Extremity, Test Socket, Hemipelvectomy	\$		Purchase	
L5629	Addition To Lower Extremity, Below Knee, Acrylic Socket	\$		Purchase	
L5630	Additions To Lower Extremity, Symes Type, Expandable Wall Socket	\$		Purchase	
L5631	Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Acrylic Socket	\$	436.37	Purchase	
L5632	Additions To Lower Extremity, Symes Type, "Ptb" Brim Design Socket	\$	280.64	Purchase	
L5634	Additions To Lower Extremity, Symes Type, Posterior Opening (Canadian) Socket	\$	417.01	Purchase	
L5636	Additions To Lower Extremity, Symes Type, Medial Opening Socket	\$	349.30	Purchase	
L5637	Addition To Lower Extremity, Below Knee, Total Contact	\$	286.91	Purchase	
L5638	Additions To Lower Extremity, Below Knee, Leather Socket	\$	667.15	Purchase	
L5639	Addition To Lower Extremity, Below Knee, Wood Socket	\$	1,537.01	Purchase	
L5640	Additions To Lower Extremity, Knee Disarticulation, Leather Socket	\$	876.59	Purchase	
L5642	Additions To Lower Extremity, Above Knee, Leather Socket	\$	849.36	Purchase	
L5643	Addition To Lower Extremity, Hip Disarticulation, Flexible Inner Socket, External Frame	\$	2,133.71		
L5644	Additions To Lower Extremity, Above Knee, Wood Socket	\$		Purchase	
L5645	Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame	\$		Purchase	
L5646	Addition To Lower Extremity, Below Knee, Air, Fluid, Gel Or Equal, Cushion Socket	\$		Purchase	
L5647	Addition To Lower Extremity, Below Knee Suction Socket	\$	964.61	Purchase	
L5648	Addition To Lower Extremity, Above Knee, Air, Fluid, Gel Or Equal, Cushion Socket	\$		Purchase	
L5649	Addition To Lower Extremity, Ischial Containment/Narrow M-L Socket	\$	2,105.51	Purchase	
	Additions To Lower Extremity, Total Contact, Above Knee Or Knee Disarticulation				
L5650	Socket	\$		Purchase	
L5651	Addition To Lower Extremity, Above Knee, Flexible Inner Socket, External Frame	\$	1,590.29	Purchase	
	Additions To Lower Extremity, Suction Suspension, Above Knee Or Knee Disarticulation				
L5652	Socket	\$		Purchase	
L5653	Additions To Lower Extremity, Knee Disarticulation, Expandable Wall Socket	\$	797.86	Purchase	
	Additions To Lower Extremity, Socket Insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote				
L5654	Or Equal)	\$	331.15	Purchase	
	Additions To Lower Extremity, Socket Insert, Below Knee (Kemblo, Pelite, Aliplast,	_			
L5655	Plastazote Or Equal)	\$	272.71	Purchase	
	Addition To Lower Extremity, Socket Insert, Knee Disarticul- Ation, (Kemblo, Pelite,	_			
L5656	Aliplast, Plastazote Or Equal)	\$	393.57	Purchase	
. 5050	Additions To Lower Extremity, Socket Insert, Above Knee (Kemblo, Pelite, Aliplast,	•	400.50	<b>5</b> -	
L5658	Plastazote Or Equal)	\$		Purchase	
L5661	Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes	\$		Purchase	
L5665	Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee	\$		Purchase	
L5666	Additions To Lower Extremity, Below Knee, Cuff Suspension	\$		Purchase	
L5668	Additions To Lower Extremity, Below Knee, Molded Distal Cushion	\$	100.30	Purchase	
1.5670	Additions To Lower Extremity, Below Knee, Molded Supracondular Suspension ("Pts" Or	r.	250.24	Durchasa	
L5670	Similar) Addition To Lower Extremity, Below Knee / Above Knee Suspension Locking Mechanism	\$	359.34	Purchase	
L5671	(Shuttle, Lanyard Or Equal), Excludes Socket Insert	\$	659.70	Purchase	
L5671	Additions To Lower Extremity, Below Knee, Removable Medial Brim Suspension	\$		Purchase	
L3072	Addition To Lower Extremity, Below Knee, Removable Medial Britin Suspension  Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated From	Ψ	400.76	i uitilase	-
	Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, For				
L5673	Use With Locking Mechanism	\$	752 50	Purchase	
L5676	Additions To Lower Extremity, Below Knee, Knee Joints, Single Axis, Pair	\$		Purchase	
L5677	Additions To Lower Extremity, Below Knee, Knee Joints, Single Axis, Fair Additions To Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair	\$		Purchase	1
L5678	Additions To Lower Extremity, Below Knee, Joint Covers, Pair	\$		Purchase	
20070	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated From	Ψ	55.15		
	Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, Not				
L5679	For Use With Locking Mechanism	\$	627.06	Purchase	
L5680	Additions To Lower Extremity, Below Knee, Thigh Lacer, Non- Molded	\$		Purchase	
	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated Socket Insert	-			
	For Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or Equal, For				
	Use With Or Without Locking Mechanism, Initial Only (For Other Than Initial, Use Code				
L5681	L5673	\$	1,377.98	Purchase	
L5682	Additions To Lower Extremity, Below Knee, Thigh Lacer, Gluteal/Ischial, Molded	\$		Purchase	
	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated Socket Insert				
	For Other Than Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or				
	Equal, For Use With Or Without Locking Mechanism, Initial Only (For Other Than Initial,				
L5683	Use	\$	1,377.98	Purchase	
L5684	Additions To Lower Extremity, Below Knee, Fork Strap	\$		Purchase	
	Addition To Lower Extremity Prosthesis, Below Knee, Suspension/Sealing Sleeve, With				
L5685	Or Without Valve, Any Material, Each	\$	138.33	Purchase	
L5686	Additions To Lower Extremity, Below Knee, Back Check (Extens- Ion Control)	\$	62.06	Purchase	
L5688	Additions To Lower Extremity, Below Knee, Waist Belt, Webbing	\$	62.81	Purchase	
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Code L5690	Description Additions To Lower Extremity, Below Knee, Waist Belt, Padded And Lined	<b>Fee</b> \$ 100.61	Purchase or Rental Purchase	Prior Auth Status
L5692	Additions To Lower Extremity, Above Knee, Pelvic Control Belt, Light	•	Purchase	
L5694	Additions To Lower Extremity, Above Knee, Pelvic Control Belt, Padded And Lined		Purchase	
	Addition To Lower Extremity, Above Knee, Pelvic Control, Sleeve Suspension, Neoprene	•		
L5695	Or Equal, Each	\$ 203.85	Purchase	
L5696	Additions To Lower Extremity, Above Knee Or Knee Disarticulat- Ion, Pelvic Joint	•	Purchase	
L5697	Additions To Lower Extremity, Above Knee Or Knee Disarticulat- Ion, Pelvic Band	\$ 89.94	Purchase	
L5698	Additions To Lower Extremity, Above Knee Or Knee Disarticulat- Ion, Silesian Bandage	\$ 107.25	Purchase	
L5699	All Lower Extremity Prosthesis, Shoulder Harness		Purchase	
L5700	Replacement, Socket, Below Knee, Molded To Patient Model		Purchase	
L5701	Replacement, Socket, Above Knee Disarticulation, Including Attachment		Purchase	
L5702	Replacement, Socket, Hip Disarticulation, Including Hip Joint, Molded To	\$ 5,367.16	Purchase	
	Ankle, Symes, Molded To Patient Model, Socket Without Solid Ankle Cushion Heel			
L5703	(Sach) Foot, Replacement Only		Purchase	
L5704 L5705	Custom Shaped Protective Cover, Below Knee Custom Shaped Protective Cover, Above Knee		Purchase Purchase	
L5705	Custom Shaped Protective Cover, Above Knee  Custom Shaped Protective Cover, Knee Disarticulation		Purchase	
L5707	Custom Shaped Protective Cover, Hip Disarticulation		Purchase	
L5710	Addition, Exoskeletal Knee-Shin System, Single Axis, Manual Lock		Purchase	
L5711	Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material	\$ 536.87	Purchase	
. ==	Addition, Exoskeletal Knee-Shin System, Single Axis, Friction Swing And Stance Phase			
L5712	Control (Safety Knee)	\$ 443.03	Purchase	
L5714	Addition, Exoskeletal Knee-Shin System, Single Axis, Variable Friction Swing Phase Control	\$ 521.84	Purchase	
20114	Control	Ψ J21.04	i divilade	
L5716	Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock	\$ 999.15	Purchase	
	Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing And Stance Phase			
L5718	Control	\$ 1,248.84	Purchase	
. ====	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance			
L5722 L5724	Phase Control Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase Control		Purchase Purchase	
L3724	Addition, Exoskeletal Knee-Shin System, Single Axis, Fidia Swing Phase Control  Addition, Exoskeletal Knee-Shin System, Single Axis, External Joints Fluid Swing Phase	Φ 1,022.07	ruicilase	
L5726	Control	\$ 1,788.56	Purchase	
	Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing And Stance Phase			
L5728	Control	\$ 2,944.98	Purchase	
. ====	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic/Hydra Pneumatic			
L5780	Swing Phase Control Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume Management	\$ 1,181.70	Purchase	
L5781	Addition to Lower Limb Prostnesis, vacuum Pump, Residual Limb volume Management And Moisture Evacuation System	\$ 4,183.16	Purchase	
20701	Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume Management	ψ 1,100.10	T drondoo	
L5782	And Moisture Evacuation System, Heavy Duty	\$ 4,409.98	Purchase	
	Addition, Exoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber			
L5785	Or Equal)	\$ 516.00	Purchase	
1.5700	Addition, Exoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber	\$ 739.28	Durchage	
L5790	Or Equal) Addition, Exoskeletal System, Hip Disarticulation, Ultra-Light Material (Titanium, Carbon	\$ 739.28	Purchase	
L5795	Fiber Or Equal)	\$ 1,103.93	Purchase	
L5810	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock		Purchase	
	• • • •			
L5811	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material	\$ 971.30	Purchase	
I E040	Addition, Endoskeletal Knee-Shin System, Single Axis, Friction Swing And Stance Phase	6 000.01	Durchage	
L5812	Control (Safety Knee) Addition, Endoskeletal Knee-Shin System, Polycentric, Hydraulic Swing Phase Control,	\$ 690.64	Purchase	
L5814	Addition, Endoskeletal Knee-Snin System, Polycentric, Hydraulic Swing Phase Control, Mechanical Stance Phase Lock	\$ 4,010.75	Purchase	
		- 1,510.75		
L5816	Addition, Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock	\$ 1,165.87	Purchase	
	Addition, Endoskeletal Knee-Shin System, Polycentric, Friction Swing, And Stance			
L5818	Phase Control	\$ 1,316.49	Purchase	
1 5000	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction	¢ 4,006,50	Durchago	
L5822 L5824	Stance Phase Control  Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase Control	\$ 1,936.50 \$ 2,102.35	Purchase Purchase	
2002-7	Addition, Endoskeletal Knee-Shin System, Single Axis, Hidd Swing Phase Control,	Ψ 2,102.33	. 31011400	
L5826	With Miniature High Activity Frame	\$ 3,264.96	Purchase	
	Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing And Stance Phase			
L5828	Control	\$ 3,153.87	Purchase	
1 5000	Addition Endockolotel Koon Chir Outland Circle Adds D. 11/10/1 Bl. 10/10	¢ 4050.50	Durch on -	
L5830	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic/ Swing Phase Control Addition, Endoskeletal Knee/Shin System, 4-Bar Linkage Or Multiaxial, Pneumatic Swing	\$ 1,950.98	Purchase	
L5840	Phase Control	\$ 4,012.49	Purchase	
L5845	Addition, Endoskeletal, Knee-Shin System, Stance Flexion Feature, Adjustable		Purchase	
	Addition To Endoskeletal Knee-Shin System, Fluid Stance Extension, Dampening			
L5848	Feature, With Or Without Adjustability	\$ 1,161.25	Purchase	

01-	Description			Db.s.s.s.Dtsl	Daine Anth Ctatus
Code	Description  Addition Endockeletal System, Above Knoo Or Hip Disarticulation, Knoo Extension	Fee		Purchase or Rental	Prior Auth Status
L5850	Addition, Endoskeletal System, Above Knee Or Hip Disarticulation, Knee Extension Assist	\$	160 40	Purchase	
L5855	Addition, Endoskeletal System, Hip Disarticulation, Mechanical Hip Extension Assist	\$		Purchase	
L0000	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System,	Ψ	420.50	i dicilase	
	Microprocessor Control Feature, Swing And Stance Phase, Includes Electronic				
L5856	Sensor(S), Any Type	\$	25,079.94	Purchase	
	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System,				
	Microprocessor Control Feature, Swing Phase Only, Includes Electronic Sensor(S), Any				
L5857	Туре	\$	8,887.91	Purchase	
	Addition To Lower Extremity Prosthesis, Endoskeletal Knee Shin System,				
	Microprocessor Control Feature, Stance Phase Only, Includes Electronic Sensor(S), Any				
L5858	Туре	\$	19,430.42	Purchase	
	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Powered And	_			
L5859	Programmable Flexion/Extension Assist Control, Includes Any Type Motor(S)	\$	15,169.15		PA Required
L5910	Addition, Endoskeletal System, Below Knee, Alignable System	\$		Purchase	
L5920	Addition, Endoskeletal System, Above Knee Or Hip Disarticulation, Alignable System	\$	697.79	Purchase	
1 5005	Addition, Endoskeletal System, Above Knee, Knee Disarticulation Or Hip Disarticulation,	Φ.	444.00	Donahaaa	
L5925	Manual Lock	\$		Purchase	
L5930	Addition, Endoskeletal System, High Activity Knee Control Frame	Ф	3,508.01	Purchase	
L5940	Addition, Endoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)	\$	664.24	Purchase	
L5950	Material (Titaniu	\$		Purchase	
L5950 L5960	Ra-Light Material	\$		Purchase	-
L0300	Addition, Endoskeletal System, Polycentric Hip Joint, Pneumatic Or Hydraulic Control,	Ψ	331.20	i uitiiast	-
L5961	Rotation Control, With Or Without Flexion And/Or Extension Control	\$	5 271 87	Purchase	
_0001	Addition, Endoskeletal System, Below Knee, Flexible Proctective Outer Surface Covering		5,211.01	. 31011400	1
L5962	System	\$	769 90	Purchase	
20002	Addition, Endoskeletal System, Above Knee, Flexible Protective Outer Surface Covering	Ψ		. aronass	
L5964	System	\$	1.088.02	Purchase	
	Addition, Endoskeletal System, Hip Disarticulation, Flexible Protective Outer Surface	-	,		
L5966	Covering System	\$	1,383.60	Purchase	
	Addition To Lower Limb Prosthesis, Multiaxial Ankle With Swing Phase Active		· · · · · · · · · · · · · · · · · · ·		
L5968	Dorsiflexion Feature	\$	3,924.40	Purchase	
	Addition, Endoskeletal Ankle-Foot Or Ankle System, Power Assist, Includes Any Type				
L5969	Motor(S)	\$	15,825.78	Purchase	
L5970	All Lower Extremity Prostheses, Foot, External Keel, Sach Foot	\$	233.45	Purchase	
	All Lower Extremity Prosthesis, Solid Ankle Cushion Heel (Sach) Foot, Replacement				
L5971	Only	\$		Purchase	
L5972	All Lower Extremity Prostheses, Foot, Flexible Keel	\$	437.24	Purchase	
. ====	Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dorsiflexion				
L5973	And/Or Plantar Flexion Control, Includes Power Source	\$	18,234.19		
L5974	All Lower Extremity Prostheses, Foot, Single Axis Ankle/Foot	\$	234.68	Purchase	
1 5075	All Lower Extremity Proofbesis, Combination Single Avia Ankla And Elevible Keel Foot	œ	101 60	Purchase	
L5975	All Lower Extremity Prosthesis, Combination Single Axis Ankle And Flexible Keel Foot	\$	404.00	Fulchase	
L5976	All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy li Or Equal)	\$	600.53	Purchase	
L5978	All Lower Extremity Prostneses, Energy Storing Foot (Seattle Carbon Copy if Or Equal)	\$		Purchase	
L0370	All Lower Extremity Prosthesis, Multi-Axial Ankle, Dynamic Response Foot, One Piece	Ψ	300.03	i dicilase	
L5979	System	\$	2 743 18	Purchase	
L5980	All Lower Extremity Prostheses, Flex Foot System	\$		Purchase	PA Required
L5981	All Lower Extremity Prostheses, Flex-Walk System Or Equal	\$		Purchase	77110941104
L5982	All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit	\$		Purchase	
	All Endoskeletal Lower Extremity Prosthesis, Axial Rotation Unit, With Or Without	_	. 02.02		
L5984	Adjustability	\$	620.17	Purchase	
L5985	All Endoskeletal Lower Extremity Protheses, Dynamic Prosthetic Pylon	\$		Purchase	1
L5986	All Lower Extremity Prostheses, Multi-Axial Rotation Unit ("Mcp" Or Equal)	\$		Purchase	1
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	\$		Purchase	PA Required
L5988	Addition To Lower Limb Prosthesis, Vertical Shock Reducing Pylon Feature	\$		Purchase	·
L5990	Addition To Lower Extremity Prosthesis, User Adjustable Heel Height	\$	1,896.71	Purchase	
L5990 L5999	Addition To Lower Extremity Prosthesis, User Adjustable Heel Height Lower Extremity Prosthesis, Not Otherwise Specified		1,896.71 By Report	Purchase	
L5999 L6000			By Report	Purchase	
L5999	Lower Extremity Prosthesis, Not Otherwise Specified	Price \$	By Report 1,319.62		
L5999 L6000	Lower Extremity Prosthesis, Not Otherwise Specified Partial Hand, Thumb Remaining	Price	By Report 1,319.62 1,618.55	Purchase	
L5999 L6000 L6010	Lower Extremity Prosthesis, Not Otherwise Specified Partial Hand, Thumb Remaining Partial Hand, Little And/Or Ring Finger Remaining Partial Hand, No Finger Remaining Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-	Price \$	By Report 1,319.62 1,618.55	Purchase Purchase	
L5999 L6000 L6010	Lower Extremity Prosthesis, Not Otherwise Specified Partial Hand, Thumb Remaining Partial Hand, Little And/Or Ring Finger Remaining Partial Hand, No Finger Remaining Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes And Cables,	Price \$	By Report 1,319.62 1,618.55	Purchase Purchase	
L5999 L6000 L6010 L6020	Lower Extremity Prosthesis, Not Otherwise Specified Partial Hand, Thumb Remaining Partial Hand, Little And/Or Ring Finger Remaining Partial Hand, No Finger Remaining Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes And Cables, Two Batteries, Charger, Myoelectric Control Of Terminal Device, Excludes Terminal	Price \$ \$	By Report 1,319.62 1,618.55 1,440.91	Purchase Purchase Purchase	
L5999 L6000 L6010 L6020	Lower Extremity Prosthesis, Not Otherwise Specified Partial Hand, Thumb Remaining Partial Hand, Little And/Or Ring Finger Remaining Partial Hand, No Finger Remaining Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes And Cables, Two Batteries, Charger, Myoelectric Control Of Terminal Device, Excludes Terminal Device(S)	Price \$ \$ \$ \$	By Report 1,319.62 1,618.55 1,440.91 4,897.25	Purchase Purchase Purchase Purchase	
L5999 L6000 L6010 L6020	Lower Extremity Prosthesis, Not Otherwise Specified Partial Hand, Thumb Remaining Partial Hand, Little And/Or Ring Finger Remaining Partial Hand, No Finger Remaining Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self- Suspended, Inner Socket With Removable Forearm Section, Electrodes And Cables, Two Batteries, Charger, Myoelectric Control Of Terminal Device, Excludes Terminal Device(S) Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad	Price \$ \$	By Report 1,319.62 1,618.55 1,440.91 4,897.25	Purchase Purchase Purchase	
L5999 L6000 L6010 L6020 L6026 L6050	Lower Extremity Prosthesis, Not Otherwise Specified Partial Hand, Thumb Remaining Partial Hand, Little And/Or Ring Finger Remaining Partial Hand, No Finger Remaining Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes And Cables, Two Batteries, Charger, Myoelectric Control Of Terminal Device, Excludes Terminal Device(S) Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad Wrist Disarticulation, Molded Socket With Expandable Interface, Flexible Elbow Hinges,	Price \$ \$ \$ \$ \$	By Report 1,319.62 1,618.55 1,440.91 4,897.25 2,101.87	Purchase Purchase Purchase Purchase Purchase	
L5999 L6000 L6010 L6020 L6026 L6050	Lower Extremity Prosthesis, Not Otherwise Specified Partial Hand, Thumb Remaining Partial Hand, Little And/Or Ring Finger Remaining Partial Hand, No Finger Remaining Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes And Cables, Two Batteries, Charger, Myoelectric Control Of Terminal Device, Excludes Terminal Device(S) Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad Wrist Disarticulation, Molded Socket With Expandable Interface, Flexible Elbow Hinges, Triceps Pad	Price \$ \$ \$ \$ \$ \$	By Report 1,319.62 1,618.55 1,440.91 4,897.25 2,101.87 2,909.95	Purchase Purchase Purchase Purchase Purchase Purchase Purchase	
L6026 L6055 L6100	Lower Extremity Prosthesis, Not Otherwise Specified Partial Hand, Thumb Remaining Partial Hand, Little And/Or Ring Finger Remaining Partial Hand, No Finger Remaining Partial Hand, No Finger Remaining Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes And Cables, Two Batteries, Charger, Myoelectric Control Of Terminal Device, Excludes Terminal Device(S) Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad Wrist Disarticulation, Molded Socket With Expandable Interface, Flexible Elbow Hinges, Triceps Pad Below Elbow, Molded Socket, Flexible Elbow Hinge, Triceps Pad	Price \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	By Report 1,319.62 1,618.55 1,440.91 4,897.25 2,101.87 2,909.95 2,080.42	Purchase Purchase Purchase Purchase Purchase Purchase Purchase Purchase	
L5999 L6000 L6010 L6020 L6026 L6050	Lower Extremity Prosthesis, Not Otherwise Specified Partial Hand, Thumb Remaining Partial Hand, Little And/Or Ring Finger Remaining Partial Hand, No Finger Remaining Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes And Cables, Two Batteries, Charger, Myoelectric Control Of Terminal Device, Excludes Terminal Device(S) Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad Wrist Disarticulation, Molded Socket With Expandable Interface, Flexible Elbow Hinges, Triceps Pad	Price \$ \$ \$ \$ \$ \$	By Report 1,319.62 1,618.55 1,440.91 4,897.25 2,101.87 2,909.95 2,080.42 2,147.09	Purchase Purchase Purchase Purchase Purchase Purchase Purchase	

Code	Description	Fee		Durahasa ar Bantal	Prior Auth Status
Code	Below Elbow, Molded Double Wall Split Socket, Stump Activated Locking Hinge, Half	ree		Purchase or Rental	Prior Auth Status
L6130	Cuff	\$	2 908 39	Purchase	
L6200	Elbow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm	\$		Purchase	
	Elbow Disarticulation, Molded Socket With Expandable Interface, Outside Locking	Ψ	0,100111	- dionaco	
L6205	Hinges, Forearm	\$	3,839.81	Purchase	
L6250	Above Elbow, Molded Double Wall Socket, Internal Locking Elbow, Forearm	\$	2,791.39	Purchase	
	Shoulder Disarticulation, Molded Socket, Shoulder Bulkhead, Humeral Section, Internal				
L6300	Locking Elbow, Forearm	\$	4,093.04	Purchase	
L6310	Shoulder Disarticulation, Passive Restoration (Complete Pros- Thesis)	\$		Purchase	
L6320	Shoulder Disarticulation, Passive Restoration (Shoulder Cap Only)	\$	1,873.21	Purchase	
1.0050	Interscapular Thoracic, Molded Socket, Shoulder Bulkhead, Humeral Section, Internal		4 700 04	D 1	
L6350 L6360	Locking Elbow, Forearm	\$		Purchase Purchase	
L6370	Intersacpular Thoracic, Passive Restoration (Complete Pros- Thesis) Interscapular Thoracic, Passive Restoration (Shoulder Cap Only)	\$	-,	Purchase	
L0370	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including	Φ	2,000.29	ruiciase	
	Fitting Alignment And Suspension Of Components, And One Cast Change, Wrist				
L6380	Disarticulation Or Below Elbow	\$	1.197.26	Purchase	
	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing Including		,		
	Fitting Alignment And Suspension Of Components, And One Cast Change, Elbow				
L6382	Disarticulation Or Above Elbow	\$	1,627.25	Purchase	
	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing Including				
	Fitting Alignment And Suspension Of Components, And One Cast Change, Shoulder				
L6384	Disarticulation Or Interscapular Thoracic	\$	2,256.54	Purchase	
			440.00	D 1	
L6386	Immediate Post Surgical Or Early Fitting, Each Additional Cast Change And Realignment			Purchase	
L6388	Immediate Post Surgical Or Early Fitting, Application Of Rigid Dressing Only	\$	519.80	Purchase	
L6400	Below Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	\$	3 181 01	Purchase	
L0400	Elbow Disarticulation, Molded Socket, Endoskeletal System, Including Soft Prosthetic	Ψ	3,101.01	uicilase	
L6450	Tissue Shaping	\$	4 226 57	Purchase	
20100	Above Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue	Ψ	1,220.01	T Gronado	
L6500	Shaping	\$	4.156.32	Purchase	
	Shoulder Disarticulation, Molded Socket, Endoskeletal System, Including Soft Prosthetic	<u> </u>	,		
L6550	Tissue Shaping	\$	5,198.76	Purchase	
	Interscapular Thoracic, Molded Socket, Endoskeletal System, Including Soft Prosthetic				
L6570	Tissue Shaping	\$	5,409.23	Purchase	
	Preparatory, Wrist Disarticulation Or Below Elbow, Single Wall Plastic Socket, Friction				
	Wrist, Flexible Elbow Hinges, Figure Of Eight Harness, Humeral Cuff, Bowden Cable				
L6580	Control, Usmc Or Equal Pylon, No Cover, Molded To Patient Model	\$	1,934.10	Purchase	
	Preparatory, Wrist Disarticulation Or Below Elbow, Single Wall Socket, Friction Wrist,				
L6582	Flexible Elbow Hinges, Figure Of Eight Harness, Humeral Cuff, Bowden Cable Control, Usmc Or Equal Pylon, No Cover, Direct Formed	\$	1 886 77	Purchase	
L0302	Preparatory, Elbow Disarticulation Or Above Elbow, Single Wall Plastic Socket, Friction	Ψ	1,000.77	ruiciiase	
	Wrist, Locking Elbow, Figure Of Eight Harness, Fair Lead Cable Control, Usmc Or Equal				
L6584	Pylon, No Cover, Molded To Patient Model	\$	2,104.46	Purchase	
	Preparatory, Elbow Disarticulation Or Above Elbow, Single Wall Socket, Friction Wrist,	† i			
	Locking Elbow, Figure Or Eight Harness, Fair Lead Cable Control, Usmc Or Equal Pylon,				
L6586	No Cover, Direct Formed	\$	2,189.61	Purchase	
	Preparatory, Shoulder Disarticulation Or Interscapular Thoracic, Single Wall Plastic				
L6588	Socket, Shoulder Joint, Locking Elbow, Friction Wrist, Chest Strap,	\$	2,906.14	Purchase	
	Preparatory, Shoulder Disarticulation Or Interscapular Thoracic, Single Wall Socket,				
1.0500	Shoulder Joint, Locking Elbow, Friction Wrist, Chest Strap, Fair Lead Cable Control,	φ.	0.044.=	Donahaa	
L6590	Usmc Or Equal Pylon, No Cover, Direct Formed	\$		Purchase	
L6600	Upper Extremity Additions, Polycentric Hinge, Pair Upper Extremity Additions, Single Pivot Hinge, Pair	\$		Purchase	
L6605 L6610	Upper Extremity Additions, Single Pivot Hinge, Pair Upper Extremity Additions, Flexible Metal Hinge, Pair	\$		Purchase Purchase	
20010	oppor Extremity Additions, Frexiste Metal Fillige, Fall	Ψ	174.20	i dicilase	
L6611	Addition To Upper Extremity Prosthesis, External Powered, Additional Switch, Any Type	\$	430 44	Purchase	
L6615	Upper Extremity Additions, Disconnect Locking Wrist Unit	\$		Purchase	
L6616	Upper Extremity Addition, Additional Disconnect Insert For Locking Wrist Unit, Each	\$		Purchase	
L6620	Upper Extremity Addition, Flexion/Extension Wrist Unit, With Or Without Friction	\$		Purchase	
	Upper Extremity Prosthesis Addition, Flexion/Extension Wrist With Or Without Friction,	<u> </u>	<u> </u>		
L6621	For Use With External Powered Terminal Device	\$	2,391.34	Purchase	
L6623	Upper Extremity Addition, Spring Assisted Rotational Wrist Unit With Latch Release	\$		Purchase	
L6624	Upper Extremity Addition, Flexion/Extension And Rotation Wrist Unit	\$		Purchase	
L6625	Upper Extremity Additions, Rotation Wrist Unit With Cable Lock	\$		Purchase	
L6628	Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal	\$	656.72	Purchase	
1.0005	Upper Extremity Addition, Quick Disconnect Lamination Collar With Coupling Piece, Otto			5 .	
L6629	Bock Or Equal	\$		Purchase	
L6630	Upper Extremity Additions, Stainless Steel, Any Wrist	\$		Purchase	
L6632	Upper Extremity Addition, Latex Suspension Sleeve, Each	\$		Purchase	
L6635	Upper Extremity Addition, Lift Assist For Elbow	\$		Purchase	
L6637	Upper Extremity Addition, Nudge Control Elbow Lock Upper Extremity Addition To Prosthesis, Electric Locking Feature, Only For Use With	\$	377.53	Purchase	
L6638	Manually Powered Elbow	\$	2 614 47	Purchase	
20000	mandany i Oworda Elbow	Ψ	۷,014.41	i diviidot	I

Code	Description	Fee		Purchase or Rental	Prior Auth Status
L6640	Upper Extremity Additions, Shoulder Abduction Joint, Pair	\$	301.58	Purchase	Filor Autil Status
L6641	Upper Extremity Addition, Excursion Amplifier, Pulley Type	\$		Purchase	
L6642	Upper Extremity Addition, Excursion Amplifier, Lever Type	\$		Purchase	
L6645	Upper Extremity Additions, Shoulder Flexion-Abduction Joint, Each	\$	328.22	Purchase	
	Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable				
L6646	Abduction Friction Control, For Use With Body Powered Or External Powered System	\$		Purchase	
L6647	Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator	\$		Purchase	
L6648	Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator	\$		Purchase	
L6650	Upper Extremity Additions, Shoulder Universal Joint, Each	\$		Purchase	
L6655 L6660	Upper Extremity Additions, Standard Control Cable, Extra Upper Extremity Additions, Heavy Duty Control Cable	\$		Purchase Purchase	
L6665	Upper Extremity Additions, Teflon, Or Equal, Cable Lining	\$		Purchase	
L6670	Upper Extremity Additions, Hook To Hand, Cable Adapter	\$		Purchase	
L6672	Upper Extremity Additions, Harness, Chest Or Shoulder, Saddle Type	\$		Purchase	
		*			
L6675	Upper Extremity Addition, Harness, (E.G. Figure Of Eight Type), Single Cable Design	\$	123.48	Purchase	
L6676	Upper Extremity Addition, Harness, (E.G. Figure Of Eight Type), Dual Cable Design	\$	145.58	Purchase	
	Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Terminal				
L6677	Device And Elbow	\$	310.14	Purchase	
L6680	Upper Extremity Additions, Test Socket, Wrist Disarticulat- Ion Or Below Elbow	\$		Purchase	
L6682	Upper Extremity Additions, Test Socket, Elbow Disarticulat- Ion Or Above Elbow	\$	275.40	Purchase	
1 000 4	Upper Extremity Additions, Test Socket, Shoulder Dis- Articulation Or Interscapular	•	004.50	<b>5</b>	
L6684	Thoracic	\$		Purchase	
L6686	Upper Extremity Addition, Suction Socket	\$		Purchase	
L6687	Upper Extremity Addition, Frame Type Socket, Below Elbow Or Wrist Disarticulation	\$	790.75	Purchase	-
L6688	Upper Extremity Addition, Frame Type Socket, Above Elbow Or Elbow Disarticulation	\$	544 66	Purchase	
L6689	Upper Extremity Addition, Frame Type Socket, Shoulder Disarticulation	\$		Purchase	
L6690	Upper Extremity Addition, Frame Type Socket, Interscapular-Thoracic	\$		Purchase	
L6691	Upper Extremity Addition, Removable Insert, Each	\$		Purchase	
L6692	Upper Extremity Addition, Silicone Gel Insert Or Equal, Each	\$	719.41	Purchase	
L6693	Upper Extremity Addition, Locking Elbow, Forearm Counterbalance	\$	2,968.11	Purchase	
	Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated				
	From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal,				
L6694	For Use With Locking Mechanism	\$	779.02	Purchase	
	Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated				
1.0005	From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal,	\$	C40 4E	Durahaaa	
L6695	Not For Use With Locking Mechanism Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated	Ф	649.15	Purchase	
	Socket Insert For Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric				
	Or Equal, For Use With Or Without Locking Mechanism, Initial Only (For Other Than				
L6696	Initial	\$	1,377.98	Purchase	
	Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated				
	Socket Insert For Other Than Congenital Or Atypical Traumatic Amputee, Silicone Gel,	_			
L6697	Elastomeric Or Equal, For Use With Or Without Locking Mechanism, Initial Only (For	\$	1,377.98	Purchase	
1 0000	Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Lock Mechanism,	Φ.	604.00	Durahaaa	
L6698 L6703	Excludes Socket Insert Terminal Device, Passive Hand/Mitt, Any Material, Any Size	\$		Purchase Purchase	
L6703	Terminal Device, Passive Hand/Milt, Any Material, Any Size  Terminal Device, Sport/Recreational/Work Attachment, Any Material, Any Size	\$		Purchase	
20104	Terminal Device, Sport/Recleational/Work Attachment, Any Material, Any Size, Lined	۳	170.22	. aronaco	
L6706	Or Unlined	\$	475.80	Purchase	
	Terminal Device, Hook, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or	<u> </u>			
L6707	Unlined	\$	1,469.43	Purchase	
L6708	Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size	\$		Purchase	
L6709	Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size	\$	1,587.83	Purchase	
	Terminal Device, Hook, Mechanical, Voluntary Opening, Any Material, Any Size, Lined				
L6711	Or Unlined, Pediatric	\$	702.93	Purchase	
1.0740	Terminal Device, Hook, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or	•	4.004.40	<b>5</b>	
L6712	Unlined, Pediatric Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size,	\$	1,294.16	Purchase	
L6713	Pediatric	\$	1 622 27	Purchase	
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L6714	Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size, Pediatric	\$	1,383.44	Purchase	
<u> </u>	Terminal Device, Hook Or Hand, Heavy Duty, Mechanical, Voluntary Opening, Any	•	,	<del>-</del>	
L6721	Material, Any Size, Lined Or Unlined	\$	2,458.93	Purchase	
	Terminal Device, Hook Or Hand, Heavy Duty, Mechanical, Voluntary Closing, Any				
L6722	Material, Any Size, Lined Or Unlined	\$	2,119.81	Purchase	
L6805	Addition To Terminal Device, Modifier Wrist Unit	\$		Purchase	
L6810	Addition To Terminal Device, Precision Pinch Device	\$	226.37	Purchase	
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L6881	Automatic Grasp Feature, Addition To Upper Limb Electric Prosthetic Terminal Device	\$		Purchase	
L6882	Microprocessor Control Feature, Addition To Upper Limb Prosthetic Terminal Device	\$	3,242.20	Purchase	

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Model, For Use With O'Without External Power   \$ 3,274.00   Purchase	L6884		\$	2,295.40	Purchase	
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L6950   Charger, Switch Control Of Terminal Device   Shoulder Switch Control Of Terminal Device   Shoulder Device   Shoulder Switch Control Of Terminal Device   Shoulder Disarticulation, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Disarticulation, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Disarticulation, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Disarticulation, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device   Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Mycelectronic Control Of Ter Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device   Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Mycelectronic Control Of Equal Electrodes, Cables, Two Batteries And One Charger, Mycelectronic Control Of Equal Electrodes, Cables, Two Batteries And One Charger, Mycelectronic Control Of Equal Electric Hand, Switch Or Mycelectric Controlled, Adult   Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electric Hook, Switch Or Mycelectric Controlled, Pediatric   Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal, Switch Or Mycelectric Controlled   Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto	1					
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L6960 Device \$ 16,513.67 Purchase  Shoulder Disarticulation, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Ter  Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device \$ 18,112.53 Purchase  Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal Device \$ 19,405.77 Purchase  Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectroic Control Of Terminal Device \$ 19,405.77 Purchase  L7007 Electric Hand, Switch Or Myoelectric Controlled, Adult \$ 3,537.99 Purchase  L7008 Electric Hond, Switch Or Myoelectric Controlled, Pediatric \$ 5,953.82 Purchase  L7040 Prehensile Actuator, Switch Controlled, Pediatric \$ 5,953.82 Purchase  L7045 Electric Hook, Switch Or Myoelectric Ontrolled, Pediatric \$ 1,661.86 Purchase  L7046 Electronic Elbow, Hosmer Or Equal, Switch Controlled \$ 6,325.52 Purchase  L7180 Electronic Elbow, Microprocessor Sequential Control Of Elbow And Terminal Device \$ 41,890.35 Purchase  L7181 Electronic Elbow, Microprocessor Simultaneous Control Of Elbow And Terminal Device \$ 6,562.61 Purchase  L7185 Electronic Elbow, Microprocessor Simultaneous Control Of Elbow And Terminal Device \$ 6,562.61 Purchase  L7186 Electronic Elbow, Adolescent, Variety Village Or Equal, Switch Controlled \$ 11,894.11 Purchase  L7196 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Contro	1					
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L6965 Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Ter \$ 17,891.64 Purchase Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device \$ 18,112.53 Purchase Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal Device \$ 19,405.77 Purchase Interscapular Device \$ 10,505.79 Pur	1					
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L6975 Terminal Device \$ 19,405.77 Purchase   L7007 Electric Hand, Switch Or Myoelectric Controlled, Adult \$ 3,537.99 Purchase   L7008 Electric Hand, Switch Or Myoelectric, Controlled, Pediatric \$ 5,953.82 Purchase   L7009 Electric Hook, Switch Or Myoelectric Controlled, Adult \$ 3,704.65 Purchase   L7040 Prehensile Actuator, Switch Controlled \$ 2,898.59 Purchase   L7045 Electric Hook, Switch Or Myoelectric Ontrolled, Pediatric \$ 1,661.86 Purchase   L7170 Electronic Elbow, Hosmer Or Equal, Switch Controlled \$ 6,325.52 Purchase   L7180 Electronic Elbow, Microprocessor Sequential Control Of Elbow And Terminal Device \$ 36,710.11 Purchase   L7181 Electronic Elbow, Microprocessor Simultaneous Control Of Elbow And Terminal Device \$ 41,890.35 Purchase   L7185 Electronic Elbow, Adolescent, Variety Village Or Equal, Switch Controlled \$ 6,562.61 Purchase   L7186 Electronic Elbow, Child, Variety Village Or Equal, Switch Controlled \$ 11,894.11 Purchase   L7190 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled \$ 8,303.00 Purchase   L7191 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled \$ 12,186.39 Purchase   L7259 Electronic Wrist Rotator, Any Type \$ 3,964.82 Purchase						
L7007 Electric Hand, Switch Or Myoelectric Controlled, Adult  L7008 Electric Hand, Switch Or Myoelectric, Controlled, Pediatric  L7009 Electric Hook, Switch Or Myoelectric Controlled, Adult  L7009 Electric Hook, Switch Or Myoelectric Controlled, Adult  L7040 Prehensile Actuator, Switch Controlled  L7045 Electric Hook, Switch Or Myoelectric Ontrolled, Pediatric  L7170 Electronic Elbow, Hosmer Or Equal, Switch Controlled  L7180 Electronic Elbow, Microprocessor Sequential Control Of Elbow And Terminal Device  L7181 Electronic Elbow, Microprocessor Simultaneous Control Of Elbow And Terminal Device  L7185 Electronic Elbow, Adolescent, Variety Village Or Equal, Switch Controlled  L7186 Electronic Elbow, Child, Variety Village Or Equal, Switch Controlled  L7190 Electronic Elbow, Adolescent, Variety Village Or Equal, Myoelectronically Controlled  L7191 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled  L7191 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled  L7191 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled  L7190 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled  L7191 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled  L7191 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled  L7259 Electronic Wrist Rotator, Any Type		• • • • • • • • • • • • • • • • • • • •	•	40 405 ==	Donahaa	
L7008 Electric Hand, Switch Or Myoelectric, Controlled, Pediatric \$ 5,953.82 Purchase L7009 Electric Hook, Switch Or Myoelectric Controlled, Adult \$ 3,704.65 Purchase L7040 Prehensile Actuator, Switch Controlled \$ 2,898.59 Purchase L7045 Electric Hook, Switch Or Myoelectric Ontrolled, Pediatric \$ 1,661.86 Purchase L7170 Electronic Elbow, Hosmer Or Equal, Switch Controlled \$ 6,325.52 Purchase L7180 Electronic Elbow, Microprocessor Sequential Control Of Elbow And Terminal Device \$ 36,710.11 Purchase L7181 Electronic Elbow, Microprocessor Simultaneous Control Of Elbow And Terminal Device \$ 41,890.35 Purchase L7185 Electronic Elbow, Adolescent, Variety Village Or Equal, Switch Controlled \$ 6,562.61 Purchase L7186 Electronic Elbow, Child, Variety Village Or Equal, Switch Controlled \$ 11,894.11 Purchase L7190 Electronic Elbow, Adolescent, Variety Village Or Equal, Myoelectronically Controlled \$ 8,303.00 Purchase L7191 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled \$ 12,186.39 Purchase L7259 Electronic Wrist Rotator, Any Type \$ 3,964.82 Purchase						
L7009 Electric Hook, Switch Or Myoelectric Controlled, Adult \$ 3,704.65 Purchase L7040 Prehensile Actuator, Switch Controlled \$ 2,898.59 Purchase L7045 Electric Hook, Switch Or Myoelectric Ontrolled, Pediatric \$ 1,661.86 Purchase L7170 Electronic Elbow, Hosmer Or Equal, Switch Controlled \$ 6,325.52 Purchase L7180 Electronic Elbow, Microprocessor Sequential Control Of Elbow And Terminal Device \$ 36,710.11 Purchase L7181 Electronic Elbow, Microprocessor Simultaneous Control Of Elbow And Terminal Device \$ 41,890.35 Purchase L7181 Electronic Elbow, Adolescent, Variety Village Or Equal, Switch Controlled \$ 6,562.61 Purchase L7186 Electronic Elbow, Child, Variety Village Or Equal, Switch Controlled \$ 11,894.11 Purchase L7190 Electronic Elbow, Adolescent, Variety Village Or Equal, Myoelectronically Controlled \$ 8,303.00 Purchase L7191 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled \$ 12,186.39 Purchase L7259 Electronic Wrist Rotator, Any Type \$ 3,964.82 Purchase		·				
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L7045 Electric Hook, Switch Or Myoelectric Ontrolled, Pediatric \$ 1,661.86 Purchase   L7170 Electronic Elbow, Hosmer Or Equal, Switch Controlled \$ 6,325.52 Purchase   L7180 Electronic Elbow, Microprocessor Sequential Control Of Elbow And Terminal Device \$ 36,710.11 Purchase   L7181 Electronic Elbow, Microprocessor Simultaneous Control Of Elbow And Terminal Device \$ 41,890.35 Purchase   L7185 Electronic Elbow, Adolescent, Variety Village Or Equal, Switch Controlled \$ 6,562.61 Purchase   L7186 Electronic Elbow, Child, Variety Village Or Equal, Switch Controlled \$ 11,894.11 Purchase   L7190 Electronic Elbow, Adolescent, Variety Village Or Equal, Myoelectronically Controlled \$ 8,303.00 Purchase   L7191 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled \$ 12,186.39 Purchase   L7259 Electronic Wrist Rotator, Any Type \$ 3,964.82 Purchase						
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L7185 Electronic Elbow, Adolescent, Variety Village Or Equal, Switch Controlled \$ 6,562.61 Purchase L7186 Electronic Elbow, Child, Variety Village Or Equal, Switch Controlled \$ 11,894.11 Purchase L7190 Electronic Elbow, Adolescent, Variety Village Or Equal, Myoelectronically Controlled \$ 8,303.00 Purchase L7191 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled \$ 12,186.39 Purchase L7259 Electronic Wrist Rotator, Any Type \$ 3,964.82 Purchase	L7180	Electronic Elbow, Microprocessor Sequential Control Of Elbow And Terminal Device	\$	36,710.11	Purchase	
L7185 Electronic Elbow, Adolescent, Variety Village Or Equal, Switch Controlled \$ 6,562.61 Purchase  L7186 Electronic Elbow, Child, Variety Village Or Equal, Switch Controlled \$ 11,894.11 Purchase  L7190 Electronic Elbow, Adolescent, Variety Village Or Equal, Myoelectronically Controlled \$ 8,303.00 Purchase  L7191 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled \$ 12,186.39 Purchase  L7259 Electronic Wrist Rotator, Any Type \$ 3,964.82 Purchase						
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L7191 Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled \$ 12,186.39 Purchase L7259 Electronic Wrist Rotator, Any Type \$ 3,964.82 Purchase						
L7259 Electronic Wrist Rotator, Any Type \$ 3,964.82 Purchase						
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L7360 Six Volt Battery, Each \$ 233.80 Purchase						
L7362 Battery Charger, Six Volt, Each \$ 343.48 Purchase		**				
L7364 Twelve Volt Battery, Each \$ 409.71 Purchase		· · ·	\$	409.71	Purchase	

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Code	Description	Fee		Purchase or Rental	Prior Auth Status
L7366	Battery Charger, Twelve Volt, Each	\$		Purchase	
L7367	Lithium Ion Battery, Rechargeable, Replacement	\$		Purchase	
L7368	Lithium Ion Battery Charger, Replacement Only	\$	545.06	Purchase	
	Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation, Ultralight				
L7400	Material (Titanium, Carbon Fiber Or Equal)	\$	320.44	Purchase	
	Addition To Upper Extremity Prosthesis, Above Elbow Disarticulation, Ultralight Material				
L7401	(Titanium, Carbon Fiber Or Equal)	\$	358.74	Purchase	
	Addition To Upper Extremity Prosthesis, Shoulder Disarticulation/Interscapular Thoracic,				
L7402	Ultralight Material (Titanium, Carbon Fiber Or Equal)	\$	387.38	Purchase	
	Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation, Acrylic				
L7403	Material	\$	385.01	Purchase	
L7404	Addition To Upper Extremity Prosthesis, Above Elbow Disarticulation, Acrylic Material	\$	581.10	Purchase	
	Addition To Upper Extremity Prosthesis, Shoulder Disarticulation/Interscapular Thoracic,				
L7405	Acrylic Material	\$	759.97	Purchase	
L7499	Upper Extremity Prosthesis, Not Otherwise Specified	Pric	e By Report		
L7510	Repair Of Prosthetic Device, Repair Or Replace Minor Parts	\$	327.42	Purchase	
L7520	Repair Prosthetic Device, Labor Component, Per 15 Minutes	\$	17.93	Purchase	
L7600	Prosthetic Donning Sleeve, Any Material, Each	Pric	e By Report		
L7700	Gasket Or Seal, For Use With Prosthetic Socket Insert, Any Type, Each	\$		Purchase	
	Breast Prosthesis, Mastectomy Bra, Without Integrated Breast Prosthesis Form, Any	<b>—</b>		1 41011400	
L8000	Size, Any Type	\$	37 37	Purchase	
	Breast Prosthesis, Mastectomy Bra, With Integrated Breast Prosthesis Form, Unilateral,	+	57.07		
L8001	Any Size, Any Type	\$	131 13	Purchase	
	Breast Prosthesis, Mastectomy Bra, With Integrated Breast Prosthesis Form, Bilateral,	+*-	701.10		+
L8002	Any Size, Any Type	\$	172 40	Purchase	
L8010	Breast Prosthesis, Mastectomy Sleeve	\$		Purchase	
L8015	External Breast Prosthesis Garment, With Mastectomy Form, Post Mastectomy	\$		Purchase	
L8020	Breast Prosthesis, Mastectomy Form	\$		Purchase	
L8030	Breast Prosthesis, Silicone Or Equal, Without Integral Adhesive	\$		Purchase	
L8030	Breast Prosthesis, Silicone Or Equal, With Integral Adhesive	\$			
				Purchase	
L8035 L8039	Custom Breast Prosthesis, Post Mastectomy, Molded To Patient Model	\$		Purchase	
	Breast Prosthesis, Not Otherwise Specified		e By Report	Donahaaa	
L8040	Nasal Prosthesis, Provided By A Non-Physician	\$		Purchase	
L8041	Midfacial Prosthesis, Provided By A Non-Physician	\$		Purchase	
L8042	Orbital Prosthesis, Provided By A Non-Physician	\$		Purchase	
L8043	Upper Facial Prosthesis, Provided By A Non-Physician	\$		Purchase	
L8044	Hemi-Facial Prosthesis, Provided By A Non-Physician	\$		Purchase	
L8045	Auricular Prosthesis, Provided By A Non-Physician	\$		Purchase	
L8046	Partial Facial Prosthesis, Provided By A Non-Physician	\$		Purchase	
L8047	Nasal Septal Prosthesis, Provided By A Non-Physician	\$		Purchase	
L8048	Unspecified Maxillofacial Prosthesis, By Report, Provided By A Non-Physician	Pric	e By Report		
	Repair Or Modification Of Maxillofacial Prosthesis, Labor Component, 15 Minute	l			
L8049	Increments, Provided By A Non-Physician		e By Report		
L8400	Prosthetic Sheath, Below Knee, Each	\$		Purchase	
L8410	Prosthetic Sheath, Above Knee, Each	\$		Purchase	
L8415	Prosthetic Sheath, Upper Limb, Each	\$	24.34	Purchase	
	Prosthetic Sheath/Sock, Including A Gel Cushion Layer, Below Knee Or Above Knee,				
L8417	Each	\$		Purchase	
L8420	Prosthetic Sock, Multiple Ply, Below Knee, Each	\$		Purchase	
L8430	Prosthetic Sock, Multiple Ply, Above Knee, Each	\$		Purchase	
L8435	Prosthetic Sock, Multiple Ply, Upper Limb, Each	\$		Purchase	
L8440	Prosthetic Shrinker, Below Knee, Each	\$		Purchase	
L8460	Prosthetic Shrinker, Above Knee, Each	\$		Purchase	
L8465	Prosthetic Shrinker, Upper Limb, Each	\$	50.15	Purchase	
L8470	Prosthetic Sock, Single Ply, Fitting, Below Knee, Each	\$	8.84	Purchase	
L8480	Prosthetic Sock, Single Ply, Fitting, Above Knee, Each	\$	12.19	Purchase	
L8485	Prosthetic Sock, Single Ply, Fitting, Upper Limb, Each	\$	13.71	Purchase	
L8499	Unlisted Procedure For Miscellaneous Prosthetic Services	Pric	e By Report		
L8500	Artificial Larynx, Any Type	\$		Purchase	
L8501	Tracheostomy Speaking Valve	\$	119.97	Purchase	
L8505	Artificial Larynx Replacement Battery / Accessory, Any Type	Pric	e By Report		
L8507	Tracheo-Esophageal Voice Prosthesis, Patient Inserted, Any Type, Each	\$	43.79	Purchase	
	Tracheo-Esophageal Voice Prosthesis, Inserted By A Licensed Health Care Provider,				
L8509	Any Type	\$	114.16	Purchase	
L8510	Voice Amplifier	\$		Purchase	
	Insert For Indwelling Tracheoesophageal Prosthesis, With Or Without Valve,	Ė	-		
L8511	Replacement Only, Each	\$	76.03	Purchase	
	Gelatin Capsules Or Equivalent, For Use With Tracheoesophageal Voice Prosthesis,	Ė			
L8512	Replacement Only, Per 10	\$	2.28	Purchase	
	Cleaning Device Used With Tracheoesophageal Voice Prosthesis, Pipet, Brush, Or	Ė			
L8513	Equal, Replacement Only, Each	\$	5.45	Purchase	
L8514	Tracheoesophageal Puncture Dilator, Replacement Only, Each	\$		Purchase	
	1 - 1 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1.	-0.00		1

Code	Description	Fee		Purchase or Rental	Prior Auth Status
Code	Gelatin Capsule, Application Device For Use With Tracheoesophageal Voice Prosthesis,	ree		ruicilase oi Keillai	FIIOI Autii Status
L8515	Each	\$	66.01	Purchase	
L8600	Implantable Breast Prosthesis, Silicone Or Equal	\$		Purchase	
	Injectable Bulking Agent, Collagen Implant, Urinary Tract, 2.5 Ml Syringe, Includes				
L8603	Shipping And Necessary Supplies	\$	450.23	Purchase	
	Injectable Bulking Agent, Dextranomer/Hyaluronic Acid Copolymer Implant, Urinary				
L8604	Tract, 1 MI, Includes Shipping And Necessary Supplies	Price	By Report		
L8606	Injectable Bulking Agent, Synthetic Implant, Urinary Tract, 1 MI Syringe, Includes	\$	224.27	Purchase	
L0000	Shipping And Necessary Supplies Injectable Bulking Agent For Vocal Cord Medialization, 0.1 MI, Includes Shipping And	Φ	234.37	Fulchase	
L8607	Necessary Supplies	\$	44 95	Purchase	
2000.	Miscellaneous External Component, Supply Or Accessory For Use With The Argus li	_			
L8608	Retinal Prosthesis System	Price	By Report		PA Required
L8610	Ocular Implant	\$	802.40	Purchase	
L8612	Aqueous Shunt	\$	691.60	Purchase	
L8613	Ossicula Implant	\$		Purchase	
L8614	Cochlear Device, Includes All Internal And External Components	\$	19,961.56		PA Required
L8615	Headset/Headpiece For Use With Cochlear Implant Device Replacement	\$		Purchase	
L8616	Microphone For Use With Cochlear Implant Device, Replacement	\$	113.64	Purchase	
L8617	Transmitting Coil For Use With Cochlear Implant Device Replacement Transmitter Cable For Use With Cochlear Implant Device Or Auditory Osseointegrated	\$	96.10	Purchase	
L8618	Device, Replacement	\$	28 38	Purchase	
	Cochlear Implant, External Speech Processor And Controller, Integrated System,	-	20.00		
L8619	Replacement	\$	8,851.76	Purchase	PA Required
	Zinc Air Battery For Use With Cochlear Implant Device And Auditory Osseointegrated				
L8621	Sound Processors, Replacement, Each	\$	0.66	Purchase	
L8622	Alkaline Battery For Use With Cochlear Implant Device Replacement	\$	0.33	Purchase	
	Lithium Ion Battery For Use With Cochlear Implant Device Speech Processor, Other				
L8623	Than Ear Level, Replacement, Each	\$	67.78	Purchase	
L8624	Lithium Ion Battery For Use With Cochlear Implant Or Auditory Osseointegrated Device Speech Processor, Ear Level, Replacement, Each	\$	17/ /0	Purchase	
L0024	External Recharging System For Battery For Use With Cochlear Implant Or Auditory	Ψ	174.43	i dicilase	
L8625	Osseointegrated Device, Replacement Only, Each	\$	197.85	Purchase	
L8627	Cochlear Implant, External Speech Processor, Component, Replacement	\$		Purchase	
L8628	Cochlear Implant, External Controller Component, Replacement	\$	1,310.01	Purchase	
	Transmitting Coil And Cable, Integrated, For Use With Cochlear Implant Device,				
L8629	Replacement	\$		Purchase	
L8630	Metacarpophalangeal Joint Implant	\$	455.36	Purchase	
	Metacarpal Phalangeal Joint Replacement, Two Or More Pieces, Metal (E.G., Stainless				
L8631	Steel Or Cobalt Chrome), Ceramic-Like Material (E.G., Pyrocarbon), For Surgical Implantation (All Sizes, Includes Entire System)	\$	2 260 62	Purchase	
L8641	Metatarsal Joint Implant	\$		Purchase	
L8642	Hallux Implant	\$		Purchase	
L8658	Interphalangeal Joint Spacer, Silicone Or Equal, Each	\$	418.40	Purchase	
	Interphalangeal Finger Joint Replacement, 2 Or More Pieces, Metal (E.G., Stainless	<u> </u>			
	Steel Or Cobalt Chrome), Ceramic-Like Material (E.G., Pyrocarbon) For Surgical				
L8659	Implantation, Any Size	\$		Purchase	
L8670	Vascular Graft Material, Synthetic, Implant	\$	572.35	Purchase	
1.0070	Electrical stimulator supplies (external) for use with implantable neurostimulator, per	D-:	D D		
L8678 L8679	month Implantable Neurostimulator, Pulse Generator, Any Type	\$	By Report	Purchase	
L8680	Implantable Neurostimulator, Fulse Generator, Any Type  Implantable Neurostimulator Electrode (With Any Number Of Contact Points), Each		By Report	Fulcilase	
	Patient Programmer (External) For Use With Implantable Programmable Neurostimulator				
L8681	Pulse Generator, Replacement Only	\$	1,109.19	Purchase	
L8682	Implantable Neurostimulator Radiofrequency Receiver	\$		Purchase	
	Radiofrequency Transmitter (External) For Use With Implantable Neurostimulator				
L8683	Radiofrequency Receiver	\$	5,556.96	Purchase	
	Radiofrequency Transmitter (External) For Use With Implantable Sacral Root		001.0:	5 -	
L8684	Neurostimulator Receiver For Bowel And Bladder Management, Replacement	\$	821.61	Purchase	
1 0005	Implantable Neurostimulator Pulse Generator, Single Array, Rechargeable, Includes Extension	Drice	Dy Donort		DA Poquired
L8685	Implantable Neurostimulator Pulse Generator, Single Array, Non-Rechargeable, Includes	FTICE	By Report		PA Required
L8686	Extension	Price	By Report		PA Required
	Implantable Neurostimulator Pulse Generator, Dual Array, Rechargeable, Includes	1	,		. 4
L8687	Extension	Price	By Report		PA Required
	Implantable Neurostimulator Pulse Generator, Dual Array, Non-Rechargeable, Includes		<u> </u>		
L8688	Extension	Price	By Report		PA Required
	External Recharging System For Battery (Internal) For Use With Implantable	_			
L8689	Neurostimulator, Replacement Only	\$	1,807.00	Purchase	PA Required
L8690	Auditory Osseointegrated Device, Includes All Internal And External Componets	\$	5,147.73	Purchase	
L8691	Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, Replacement Only, Each	\$	1,936.31	Purchase	
E003 I	Auditory Osseointegrated Device, External Sound Processor, Used Without	Ψ	1,500.01	i uitiiast	
	Osseointegration, Body Worn, Includes Headband Or Other Means Of External				
i		Price	By Report		
L8692	Attachment	1 1100			

Codo	Description	Enn	Burchasa ar Bantal	Drior Auth Status
Code L8693	Auditory Osseointegrated Device Abutment, Any Length, Replacement Only	Fee \$ 1,588.46	Purchase or Rental Purchase	Prior Auth Status
L8694	Auditory Osseointegrated Device Abdument, Any Length, Replacement Only Auditory Osseointegrated Device, Transducer/Actuator, Replacement Only, Each	. ,	Purchase	
L003+	External Recharging System For Battery (External) For Use With Implantable	ψ 333.00	i dicilase	
L8695	Neurostimulator, Replacement Only	\$ 17.46	Purchase	
	Antenna (External) For Use With Implantable Diaphragmatic/Phrenic Nerve Stimulation			
L8696	Device, Replacement, Each	\$ 227.07	Purchase	
	Miscellaneous Component, Supply Or Accessory For Use With Total Artificial Heart			
L8698	System System	Price By Report		PA Required
L8699	Prosthetic Implant, Not Otherwise Specified	Price By Report		
	Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand With Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And			
L8701	Accessories, Custom Fabricated	Price By Report		PA Required
	Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand, Finger,	r nee by respect		. / t toquilou
	Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And			
L8702	Accessories, Custom Fabricated	Price By Report		PA Required
	Orthotic And Prosthetic Supply, Accessory, And/Or Service Component Of Another			
L9900	Hcpcs "L" Code	Price By Report		
00477	Power Module Patient Cable For Use With Electric Or Electric/Pneumatic Ventricular	¢ 040.75	Donahaaa	
Q0477	Assist Device, Replacement Only	\$ 812.75	Purchase	
Q0478	Power Adapter For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Vehicle Type	\$ 192.50	Purchase	
30710	Power Module For Use With Electric Or Electric/Pneumatic Ventricular Assist Device,	Ψ 132.30	i dionado	
Q0479	Replacement Only	\$ 12,549.90	Purchase	
Q0480	Driver For Use With Pneumatic Ventricular Assist Device, Replacement Only	\$ 94,348.98		
	Microprocessor Control Unit For Use With Electric Ventricular Assist Device,			
Q0481	Replacement Only	\$ 15,222.12	Purchase	
	Microprocessor Control Unit For Use With Electric/Pneumatic Combination Ventricular			
Q0482	Assist Device, Replacement Only	\$ 4,767.85	Purchase	
00400	Monitor/Display Module For Use With Electric Ventricular Assist Device, Replacement	<b>*</b> 40.044.44	Donahaaa	
Q0483	Only Monitor/Display Module For Use With Electric Or Electric/Pneumatic Ventricular Assist	\$ 19,641.41	Purcnase	
Q0484	Device, Replacement Only	\$ 3,814.25	Purchase	
QUTUT	Monitor Control Cable For Use With Electric Ventricular Assist Device, Replacement	ψ 5,014.25	i dicilase	
Q0485	Only	\$ 368.29	Purchase	
	Monitor Control Cable For Use With Electric/Pneumatic Ventricular Assist Device,	*		
Q0486	Replacement Only	\$ 306.49	Purchase	
	Leads (Pneumatic/Electrical) For Use With Any Type Electric/Pneumatic Ventricular			
Q0487	Assist Device, Replacement Only	\$ 357.57	Purchase	
00400	Power Pack Base For Use With Electric/Pneumatic Ventricular Assist Device,	¢ 47,000,05	Donahaaa	
Q0489	Replacement Only  Emergency Power Source For Use With Electric Ventricular Assist Device, Replacement	\$ 17,028.05	Purchase	
Q0490	Only	\$ 736.53	Purchase	
40.00	Emergency Power Source For Use With Electric/Pneumatic Ventricular Assist Device,	Ψ		
Q0491	Replacement Only	\$ 1,157.97	Purchase	
	Emergency Power Supply Cable For Use With Electric Ventricular Assist Device,			
Q0492	Replacement Only	\$ 93.29	Purchase	
	Emergency Power Supply Cable For Use With Electric/Pneumatic Ventricular Assist			
Q0493	Device, Replacement Only	\$ 265.64	Purchase	
Q0494	Emergency Hand Pump For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 224.78	Purchase	
Q0494	Battery/Power Pack Charger For Use With Electric Or Electric/Pneumatic Ventricular	<b>Φ</b> 224.70	Fulchase	
Q0495	Assist Device, Replacement Only	\$ 4,375.78	Purchase	
	Battery, Other Than Lithium-Ion, For Use With Electric Or Electric/Pneumatic Ventricular	.,,,,,,,,,,	<del>-</del>	
Q0496	Assist Device, Replacement Only	\$ 1,570.53	Purchase	
	Battery Clips For Use With Electric Or Electric/Pneumatic Ventricular Assist Device,			
Q0497	Replacement Only	\$ 490.44	Purchase	
	Holster For Use With Electric Or Electric/Pneumatic Ventricular Assist Device,			
Q0498	Replacement Only	\$ 538.09	Purchase	
00400	Belt/Vest/Bag For Use To Carry External Peripheral Components Of Any Type Ventricular Assist Device, Replacement Only	¢ 174.00	Purchasa	
Q0499	Filters For Use With Electric Or Electric/Pneumatic Ventricular Assist Device,	\$ 174.83	Purchase	
Q0500	Replacement Only	\$ 31.98	Purchase	
	Shower Cover For Use With Electric Or Electric/Pneumatic Ventricular Assist Device,			
Q0501	Replacement Only		Purchase	
Q0502	Mobility Cart For Pneumatic Ventricular Assist Device, Replacement Only		Purchase	
Q0503	Battery For Pneumatic Ventricular Assist Device, Replacement Only, Each	\$ 1,362.24	Purchase	
00501	Power Adapter For Pneumatic Ventricular Assist Device, Replacement Only, Vehicle		5 -	
Q0504	Type	\$ 718.81	Purchase	
Q0506	Battery, Lithium-Ion, For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 894.74	Purchase	
Q0300	Miscellaneous Supply Or Accessory For Use With An Implanted Ventricular Assist	ψ 094.74	i uitilase	
Q0508	Device	Price By Report		
	Miscellaneous Supply Or Accessory For Use With Any Implanted Ventricular Assist	,epen		
Q0509	Device For Which Payment Was Not Made Under Medicare Part A	Price By Report		
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Code	Description	Fee	Purchase or Rental	Prior Auth Status
04040	Cranial Remolding Orthosis Pediatric, Rigid, With Soft Interface Material, Custom Fabricated	\$ 1,917.17	Durchaga	
S1040	Patient Education, Not Otherwise Classified, Non-Physician Provider, Individual, Per	φ 1,917.17	Purchase	
S9445	Session	\$ 17.69	Purchase	
00110	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 24	Ψ 17.00	T GIONGOO	
	Hours; Administrative Services, Professional Pharmacy Services, Care Coordination,			
	And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded			
S9500	Separately), Pe	\$ 284.06	Purchase	
	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 12			
	Hours; Administrative Services, Professional Pharmacy Services, Care Coordination,			
	And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded			
S9501	Separately), Pe	\$ 301.82	Purchase	
	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 8 Hours,			
	Administrative Services, Professional Pharmacy Services, Care Coordination, And All			
S9502	Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$ 346.64	Purchase	
	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 6 Hours;			
00500	Administrative Services, Professional Pharmacy Services, Care Coordination, And All	f 500.00	Durahasa	
S9503	Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	· ·	Purchase	
T2029	Specialized Medical Equipment, Not Otherwise Specified, Waiver		Purchase	
T4521	Adult Sized Disposable Incontinence Product, Brief/Diaper, Small, Each	Price By Report		
T4522	Adult Sized Disposable Incontinence Product, Brief/Diaper, Medium, Each	Price By Report		
T4523	Adult Sized Disposable Incontinence Product, Brief/Diaper, Large, Each	Price By Report		
T4524	Adult Sized Disposable Incontinence Product, Brief/Diaper, Extra Large, Each	Price By Report		
T4525	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Small Size, Each	Drice By Donort		
14020		Price By Report		1
T4526	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Medium Size, Each	Price By Report		
14320	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Large Size,	Frice by Report		
T4527	Each	Price By Report		
14021	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Extra Large			
T4528	Size, Each	Price By Report		
14020	Oize, Edoii	The By Report		
T4529	Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Small/Medium Size, Each	Price By Report		
T4530	Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Large Size, Each	Price By Report		
000	Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull-On,	r nee by respect		
T4531	Small/Medium Size, Each	Price By Report		
	Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Large	, ,p		
T4532	Size, Each	Price By Report		
T4533	Youth Sized Disposable Incontinence Product, Brief/Diaper, Each	Price By Report		
T4534	Youth Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Each	Price By Report		
T4535	Disposable Liner/Shield/Guard/Pad/Undergarment, For Incontinence, Each	Price By Report		
T4536	Incontinence Product, Protective Underwear/Pull-On, Reusable, Any Size, Each	Price By Report		
T4537	Incontinence Product, Protective Underpad, Reusable, Bed Size, Each	Price By Report		
T4538	Diaper Service, Reusable Diaper, Each Diaper	Price By Report		
T4539	Incontinence Product, Diaper/Brief, Reusable, Any Size, Each	Price By Report		
T4540	Incontinence Product, Protective Underpad, Reusable, Chair Size, Each	Price By Report		
T4541	Incontinence Product, Disposable Underpad, Large, Each	Price By Report		
T4542	Incontinence Product, Disposable Underpad, Small Size, Each	Price By Report		
	Adult Sized Disposable Incontinence Product, Protective Brief/Diaper, Above Extra			
T4543	Large, Each	Price By Report		
L	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Above			
T4544	Extra Large, Each	Price By Report		
T4545	Incontinence Product, Disposable, Penile Wrap, Each	Price By Report		
	Positioning Seat For Persons With Special Orthopedic Needs, For Use In Vehicles The			
T5001	Usual Rate Of Payment Is Cost Invoice Plus 5%. Please See Prior Auth Paper Work.	Price By Report		PA Required
V5014	Repair/Modification Of A Hearing Aid		Purchase	
V5050	Hearing Aid, Monaural, In The Ear		Purchase	
V5060	Hearing Aid, Monaural, Behind The Ear		Purchase	
V5130	Binaural, In The Ear		Purchase	
V5140	Binaural, Behind The Ear		Purchase	
V5171	Hearing Aid, Contralateral Routing Device, Monaural, In The Ear (Ite)		Purchase	
V5172	Hearing Aid, Contralateral Routing Device, Monaural, In The Canal (Itc)		Purchase	
V5181	Hearing Aid, Contralateral Routing Device, Monaural, Behind The Ear (Bte)		Purchase	
1/5011	Hearing Aid, Contralateral Routing System, Binaural, Ite/Ite		Purchase	
V5211		4 0 40 50		
V5212	Hearing Aid, Contralateral Routing System, Binaural, Ite/Itc	\$ 1,340.56		
V5212 V5213	Hearing Aid, Contralateral Routing System, Binaural, Ite/Itc Hearing Aid, Contralateral Routing System, Binaural, Ite/Bte	\$ 1,340.56	Purchase	
V5212 V5213 V5214	Hearing Aid, Contralateral Routing System, Binaural, Ite/Itc Hearing Aid, Contralateral Routing System, Binaural, Ite/Bte Hearing Aid, Contralateral Routing System, Binaural, Itc/Itc	\$ 1,340.56 \$ 1,340.56	Purchase Purchase	
V5212 V5213 V5214 V5215	Hearing Aid, Contralateral Routing System, Binaural, Ite/Itc Hearing Aid, Contralateral Routing System, Binaural, Ite/Bte Hearing Aid, Contralateral Routing System, Binaural, Itc/Itc Hearing Aid, Contralateral Routing System, Binaural, Itc/Bte	\$ 1,340.56 \$ 1,340.56 \$ 1,340.56	Purchase Purchase Purchase	
V5212 V5213 V5214 V5215 V5221	Hearing Aid, Contralateral Routing System, Binaural, Ite/Itc Hearing Aid, Contralateral Routing System, Binaural, Ite/Bte Hearing Aid, Contralateral Routing System, Binaural, Itc/Itc Hearing Aid, Contralateral Routing System, Binaural, Itc/Bte Hearing Aid, Contralateral Routing System, Binaural, Bte/Bte	\$ 1,340.56 \$ 1,340.56 \$ 1,340.56 \$ 1,340.56	Purchase Purchase Purchase Purchase	
V5212 V5213 V5214 V5215	Hearing Aid, Contralateral Routing System, Binaural, Ite/Itc Hearing Aid, Contralateral Routing System, Binaural, Ite/Bte Hearing Aid, Contralateral Routing System, Binaural, Itc/Itc Hearing Aid, Contralateral Routing System, Binaural, Itc/Bte	\$ 1,340.56 \$ 1,340.56 \$ 1,340.56 \$ 1,340.56 \$ 771.12	Purchase Purchase Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
V5260	Hearing Aid, Digital, Binaural, Ite	\$ 1,340.56	Purchase	
V5261	Hearing Aid, Digital, Binaural, Bte	\$ 1,340.56	Purchase	
V5264	Ear Mold/Insert, Not Disposable, Any Type	\$ 60.90	Purchase	
V5266	Battery For Use In Hearing Device	\$ 1.88	Purchase	
V5299	Hearing Service, Miscellaneous (For Sd Medicaid - Pocket Amplifier Only).	\$ 268.11	Purchase	
W8680	Other EPSDT DME	Price By Report		PA Required